BCMH

User's Manual

BCMH

Health District Information System
HDIS (Windows Ver. 4.0)

Copyright © 1998 by **CHC** Software, Inc
All Rights Reserved

CHC **Software, Inc.**
Health District Information Systems
helpdesk@hdis.org

Table of Contents

Introduction 1
About This Manual 1
Navigation 2
Finding a Client 4
Entering a Client 5
Service Coordination 12
Diagnostic 13
Treatment 14
Contacts 15
Print Menu 16
Total Amount Billed Button 17
PHN Services 18
Concern/Problem/Diagnosis List 25
Progress Notes 26
Comprehensive 27
Age Specific Assessments 29
PHN Care Plan 33
BCMH Application 35
Maintenance - Add/Delete/Modify Tables 45
Reports 68

Introduction

This program is designed to assist you in organizing a systematic approach to entering BCMH clients and provides accurate up-to-date records within your county.

Please review the manual carefully to obtain the maximum benefits. **Little or no prior computer experience is necessary to operate this program.**

About This Manual

BCMH Module* is simple to use. *The maximum benefit with the least time spent will be obtained if you start at the first page of this manual and follow the directions exactly as you enter the first record in your computer.

Square boxes in this manual surround the key that you are to press on your keyboard. As an example, when you read [ENTER], press the **enter** key on your keyboard.

The word
TYPE is followed by bracketed **[ ]** instructions of what to type into a field.

Note: For Technical Support, email: helpdesk@hdis.org

Navigation

Whenever you see one click the left side of your mouse once.

Whenever you see two click the left side of your mouse twice.

Navigation Keys For Entering Information

Tab or **ENTER** to move to next field

Shift **Tab** or **Up** to go back one field

Alt + **R** places you in the receipt screen.

Editing Keys

Backspace deletes one character left of cursor **Delete** deletes one character

Insert inserting & overwriting modes

When you see a pull-down field, click the arrow to the right to view all your choices.

Starting HDIS

MICROSOFT Windows Users

Start

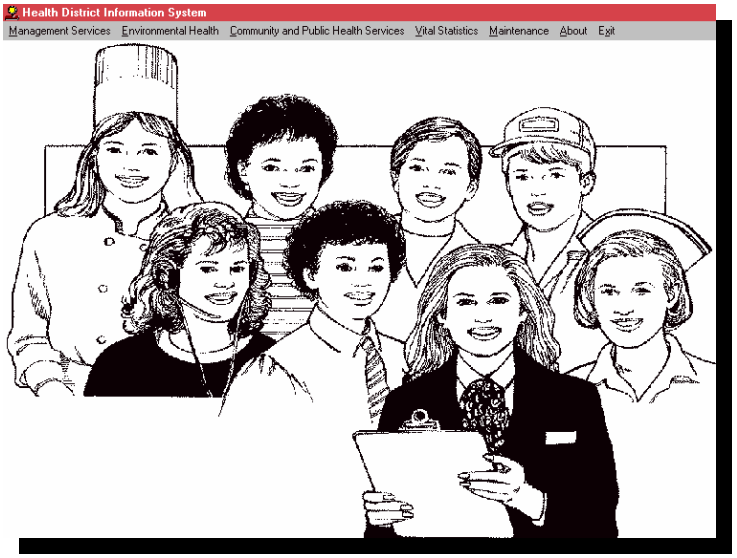
Programs

Health District Info Systems

HDIS

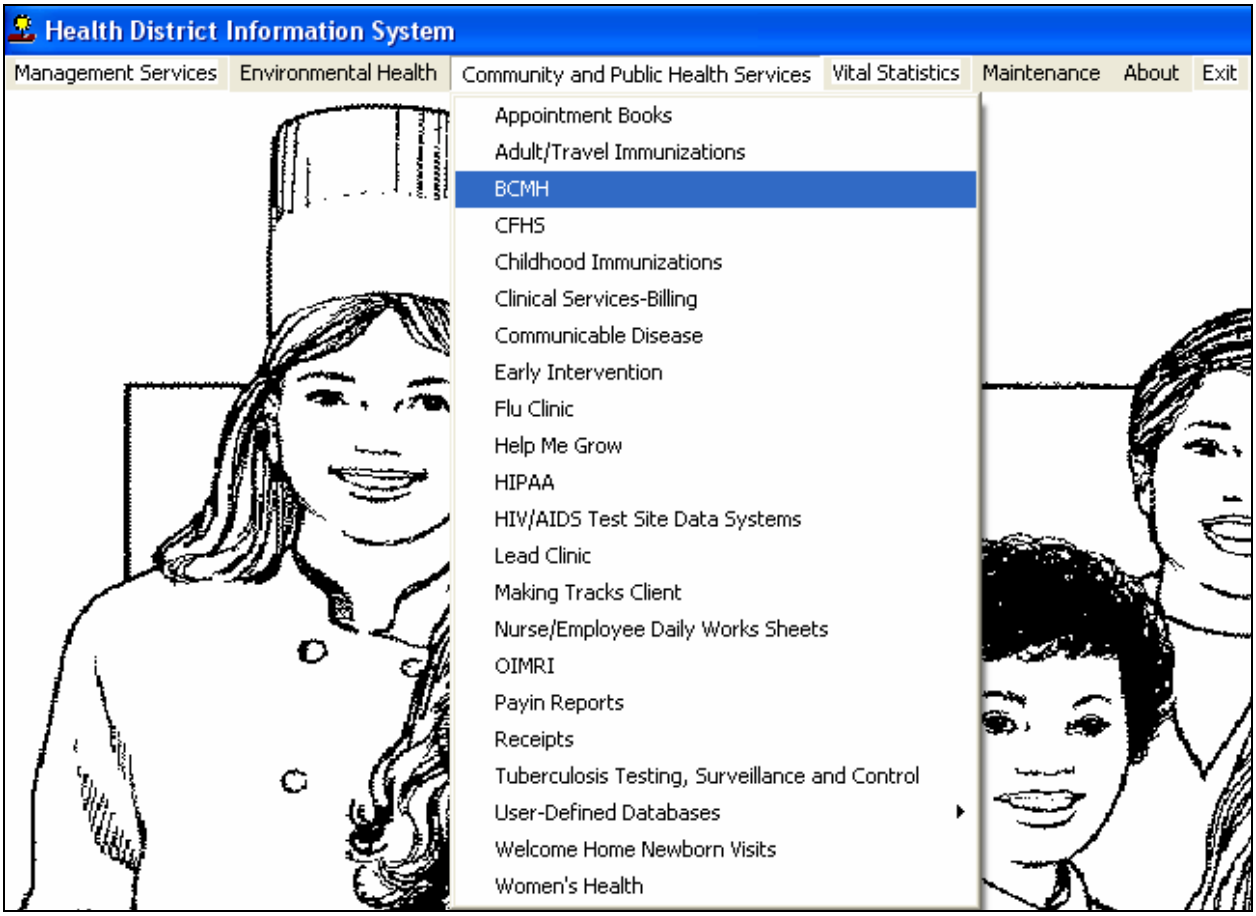
Health District Information System Menu Bar

HDIS (Health District Information System) has several different modules designed to assist your health district in its day-to-day operations. The **BCMH Module** is a great addition to these modules and simplifies your record keeping, billing and information management needs.

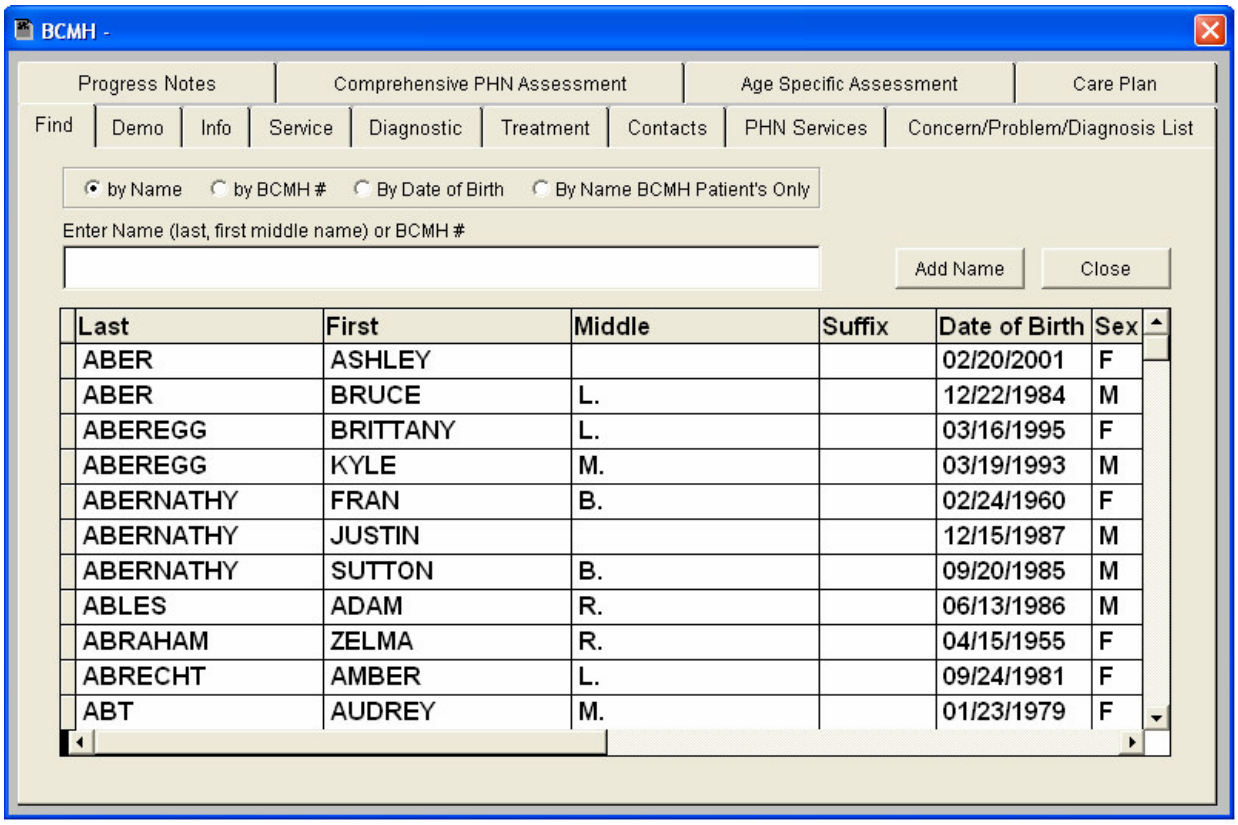


Select Community & Public Health

Select BCMH



Finding a Client

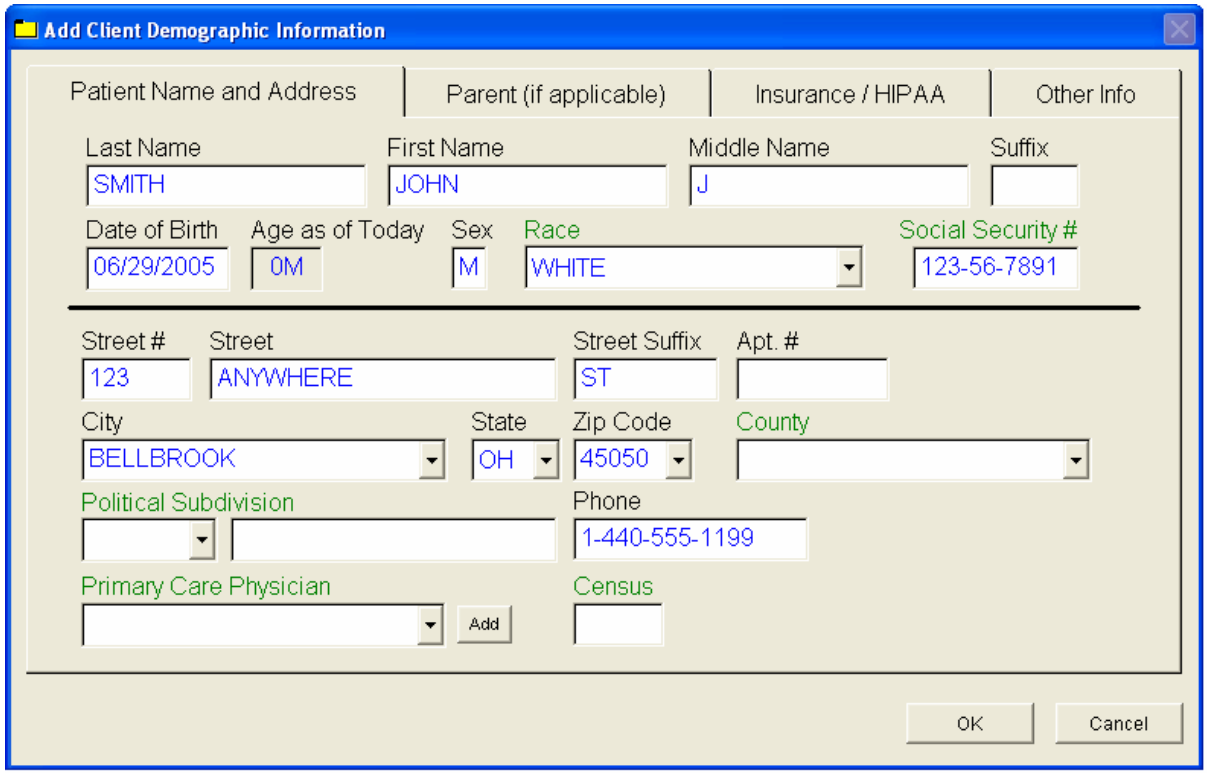


To find an existing client, enter the name (**last, first, middle**) and press the "**Enter**" key. The program will automatically find the name in the database. If the client's name is not in the list, you will then enter it in the database.

Entering a Client

Select Add Name

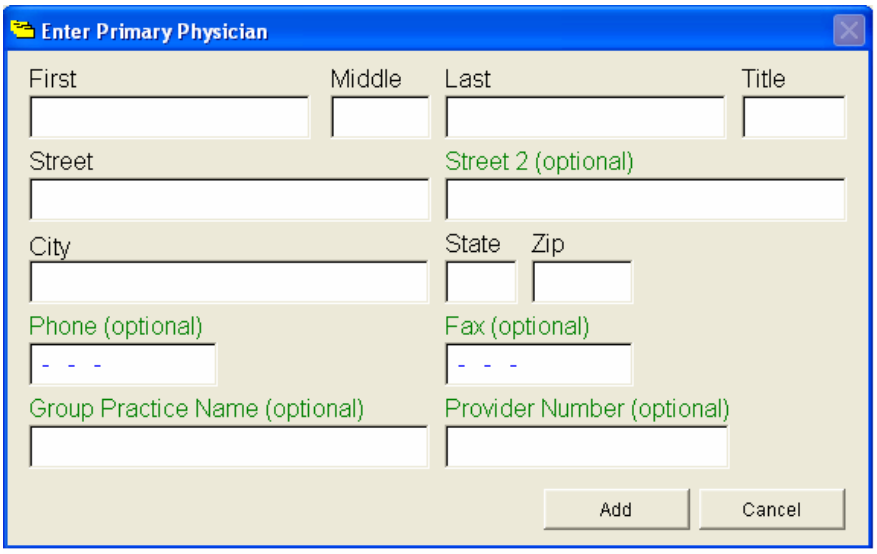
Add data in fields



Once a client is entered, a record is created that is accessible to all Community Health modules. Field names that appear in green are optional fields for data entry. You may not always have every piece of information on the client. Remember, you can use either the "**Enter**" key or "**Tab**" key to navigate from field to field.

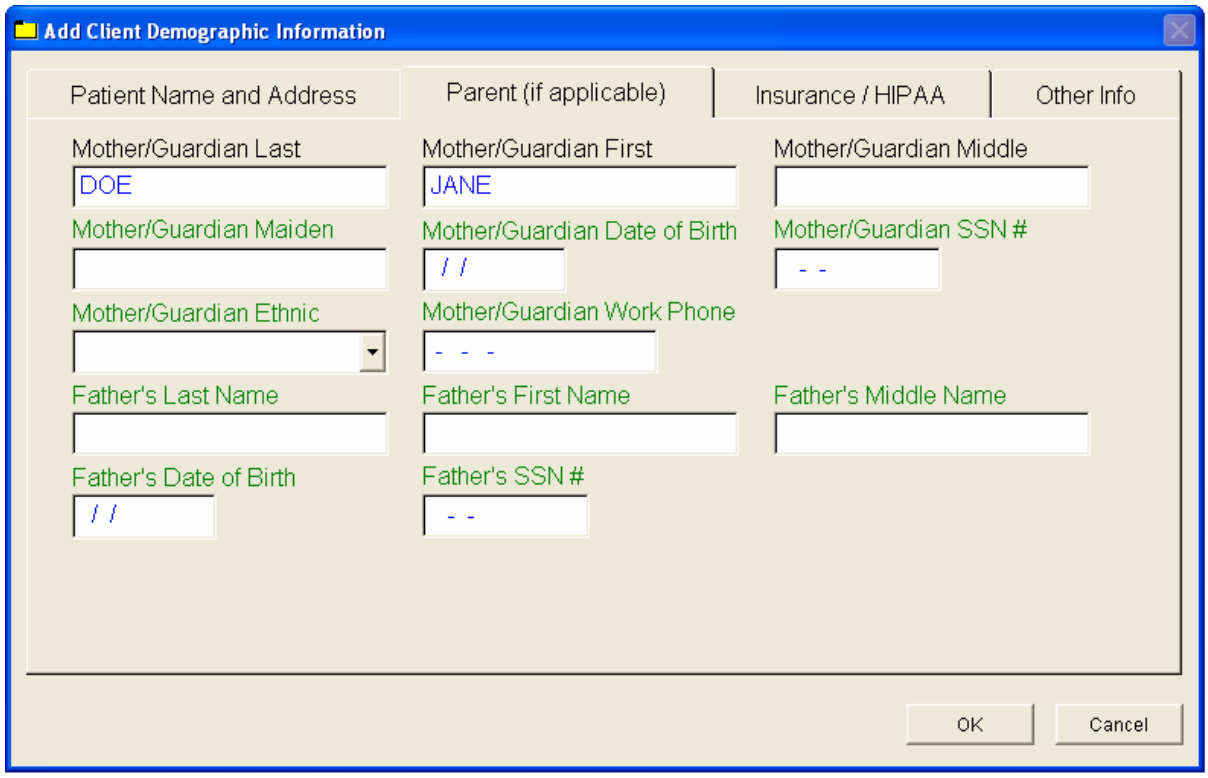
** Note: **All phone numbers must start with a "1"**

Entering a Primary Physician

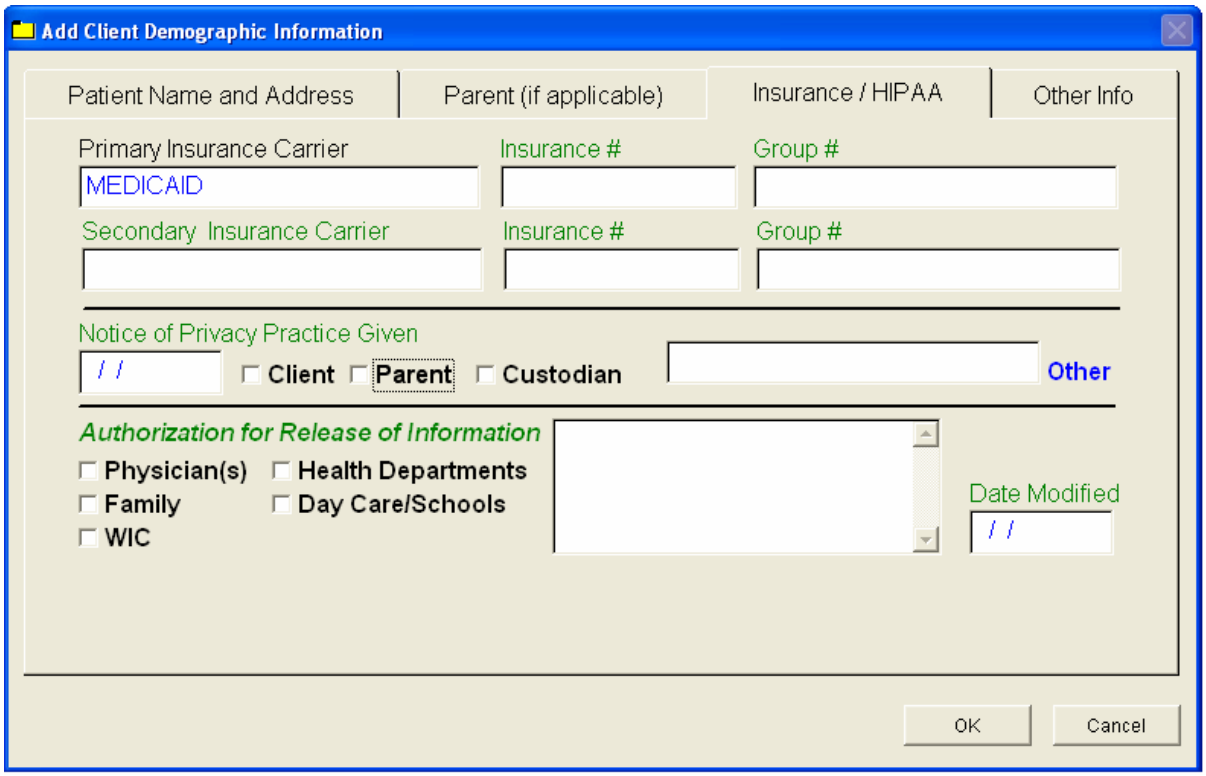


If the client's primary care physician does not appear in the dropdown list, you can add it to the list by clicking the "**Add**" button and filling out the information. When finished, click "**Add**".

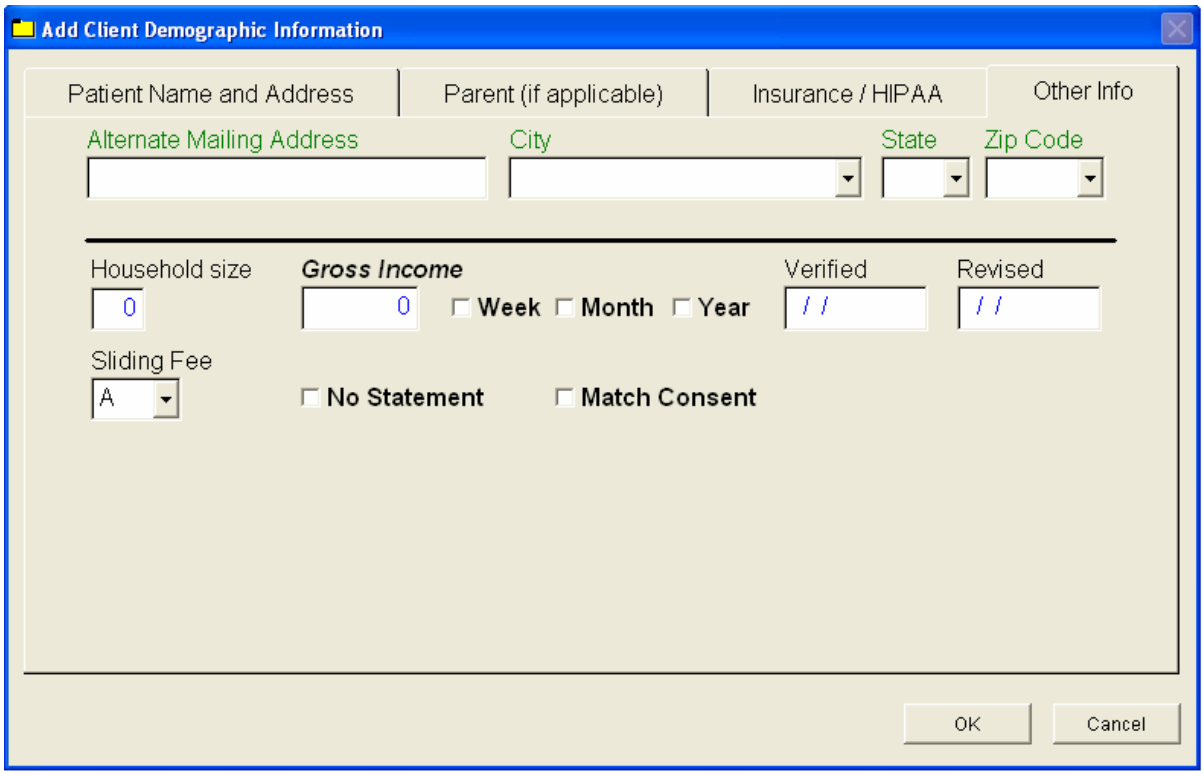
- **Select Parent (if applicable)**
- **Enter Data**



Insurance/HIPAA

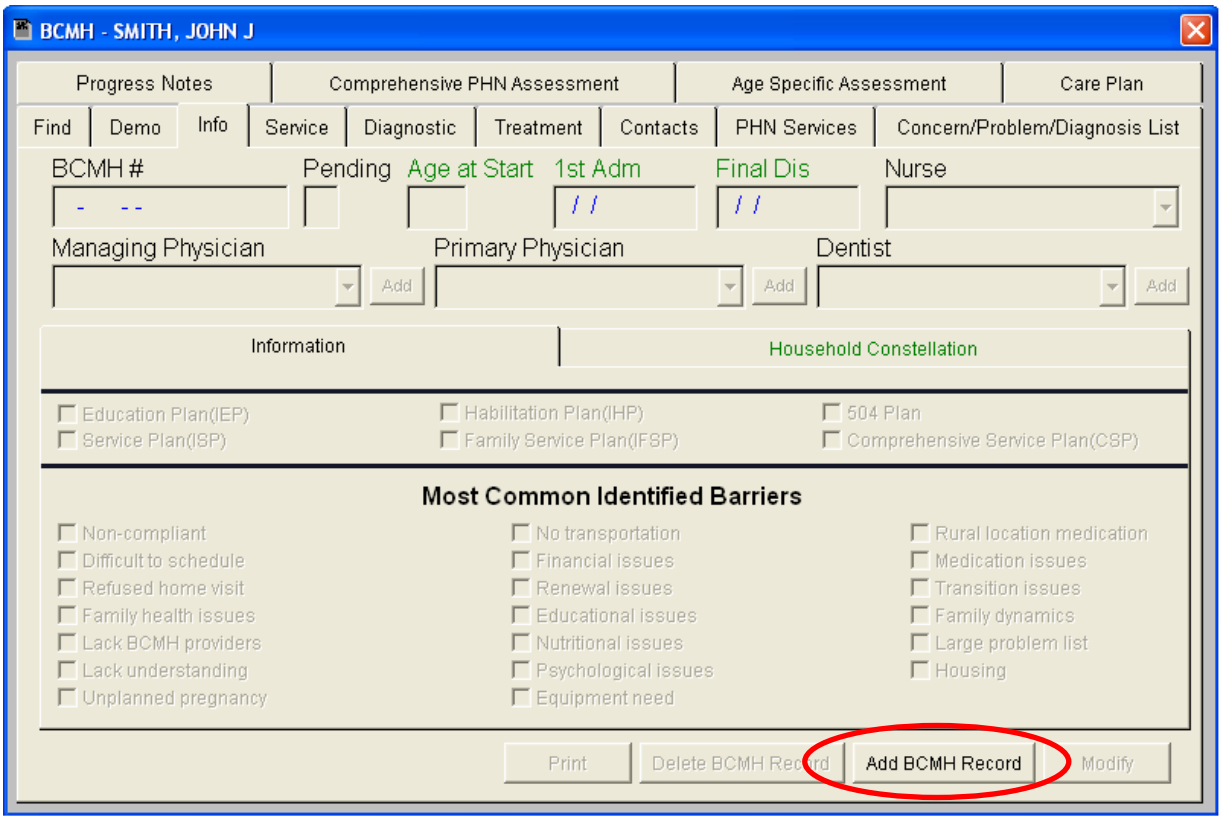


Other Info



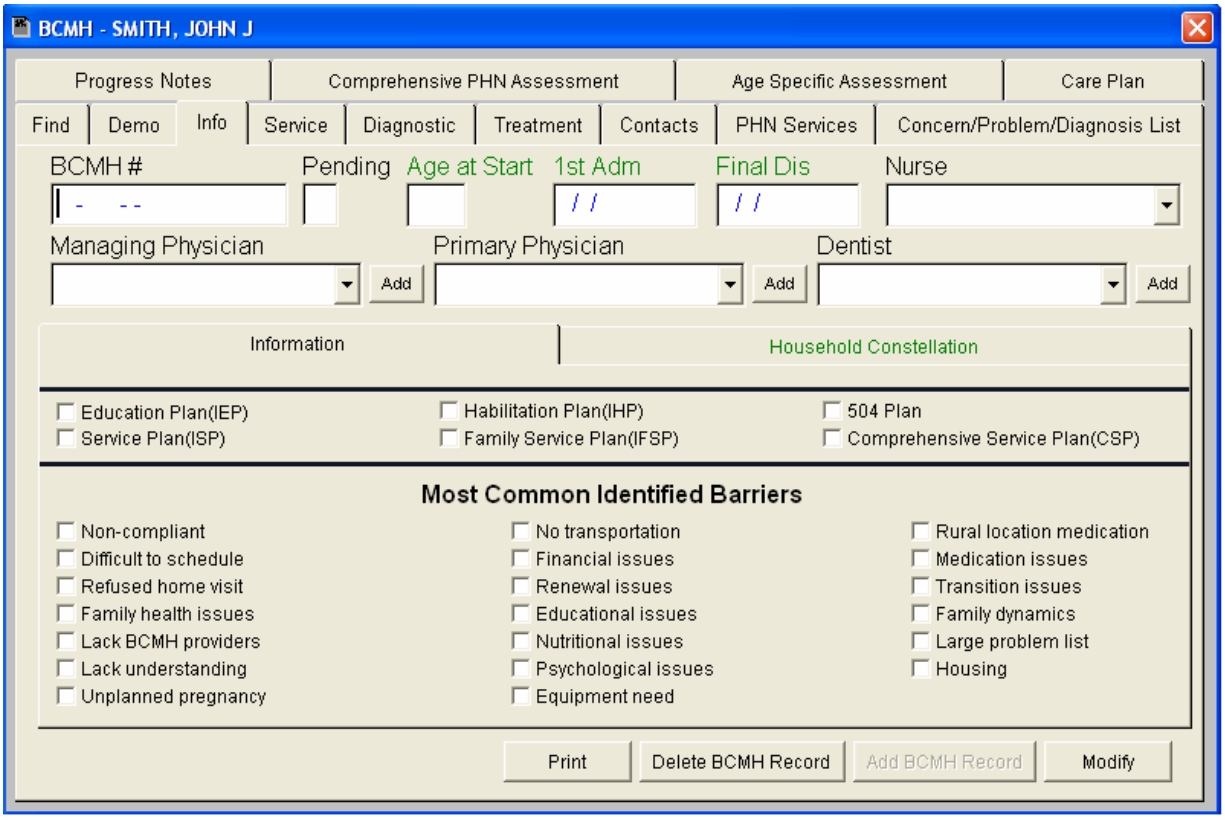
When you are finished entering the client's demographic data, click the "**OK**" button to move onto the "**Info**" tab.

Info Tab



When you are entering a client for the first time, you will have to give them a BCMH record. To do this, simply click the "**Add BCMH Record**" button. This will allow you to begin filling out all of the information.

** Note: You only have to add a BCMH record once. Once a record has been created, you do not have to add them again.



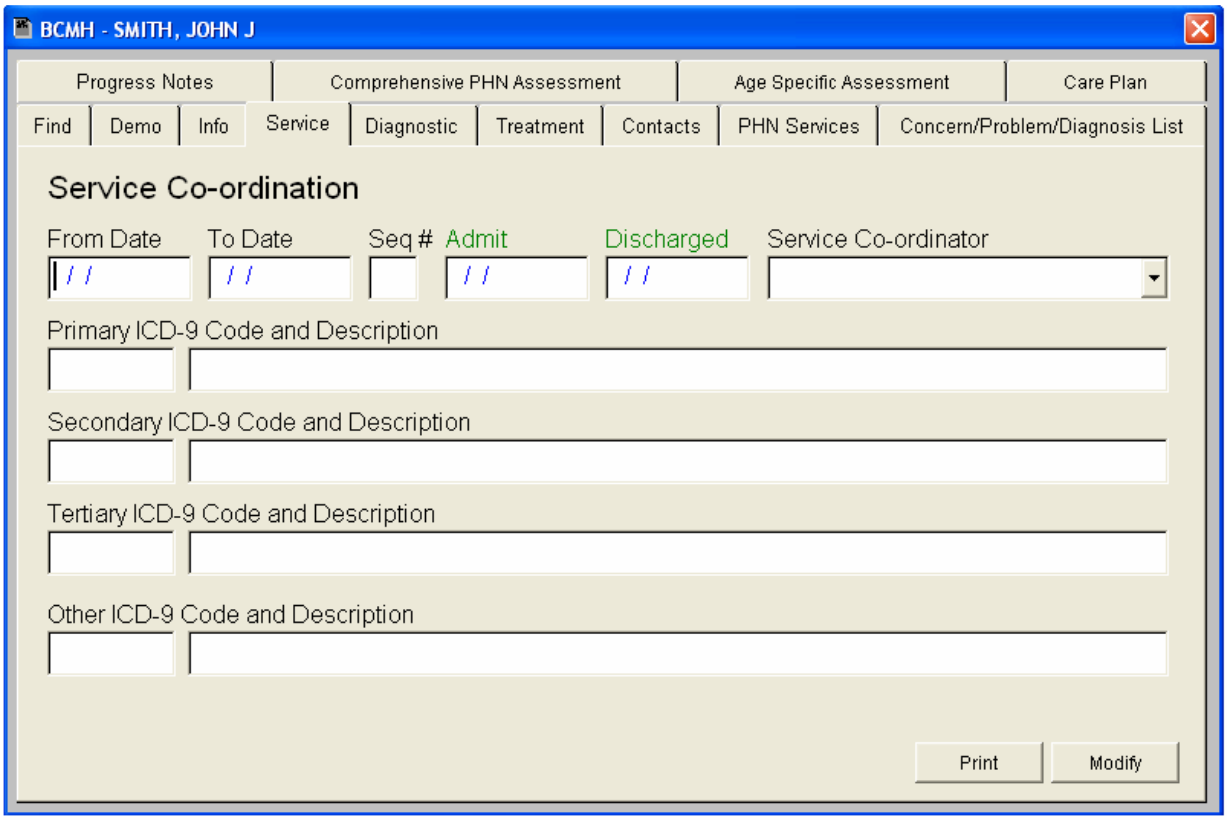
On this page, you will enter much of the information from the client's LOA. The check boxes represent the plans that the client is on and for the "Most Common Identified Barriers" that you notice.

** Note: Be sure not to miss the "**Household Constellation**" tab

Field/Button	**Description**
BCMH Number	Number assigned by BCMH
Age at start	Age at which the client started the program
Pending	Put a "Y" in this field only if you have not yet received an LOA for the client, but have made contact with the client. There is a report that will display all of your pending clients.
Primary Physician	Primary physician's name
Managing Physician	Managing physician's name
Dentist	Dentist's name
Household Constellation	Names of people living in the household
Rel	Example: M = Mother, GM = Grandmother etc.
DOB	Date of birth
Educ	Level of education in years
Comments	Additional comments with unlimited characters
Add BCMH Record	Allows you to add a BCMH record. .
Modify	Modifies a record
Delete	Deletes a highlighted record

Service Coordination

Service Coordination



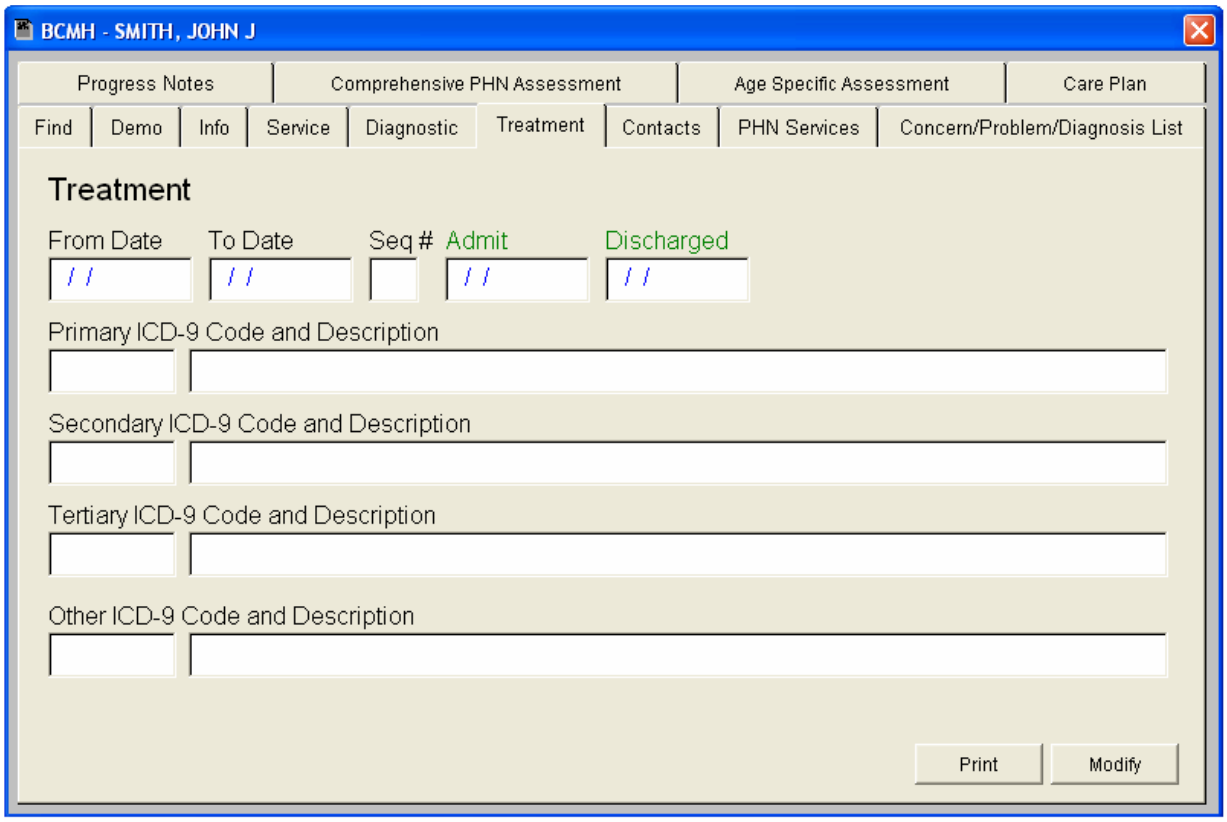
The next three tabs (**Service, Diagnostic, and Treatment**) allow you to enter the ICD9 codes depending on what type of LOA you have. Once you have entered a ICD9 code, click the "**Tab**" or "**Enter**" key and the description of the code will automatically appear.

** Note: If you type in the code and the description does not appear, return to the code field and hit "**Ctrl**" **+** "**D**". This will bring up the entire list of ICD9 codes whereupon you can choose the correct code.

Field/Button	**Description**
From Date	LOA (letter of approval) start date. As a LOA is received the dates are updated
To Date	LOA end date for that period
Beginning	Date that service first started for this client
Discharge	Date that client is discharged
Service Coordinator	Name of the service coordinator
ICD-9 Codes	Enter the code in the first field then hit the "Enter" or "Tab" key
Modify	Modifies a record

Diagnostic

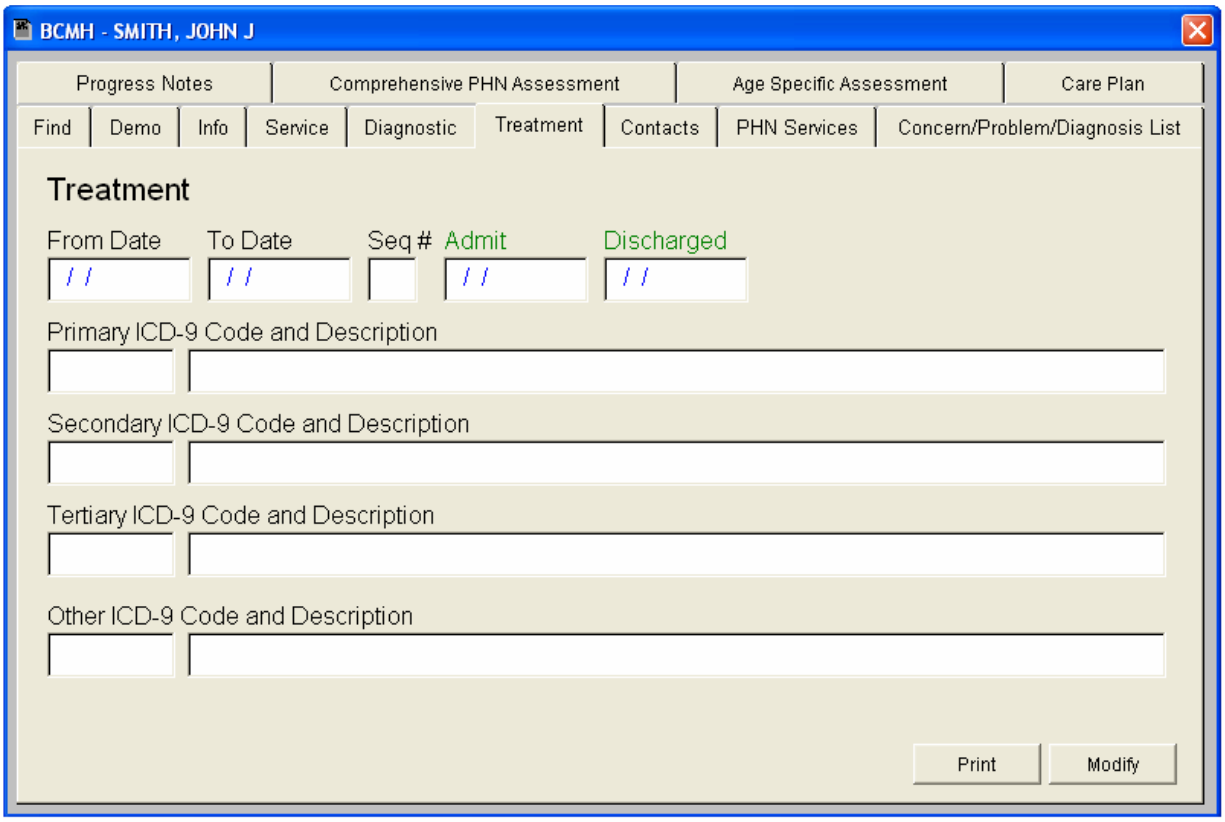
Diagnostic



Field/Button	Description
From Date	LOA (letter of approval) start date. As a LOA is received, the dates are updated here.
To Date	LOA end date for that period
Beginning	Date that service first started
Discharge	Date of discharge
Nurse	Name of the nurse involved with this case
ICD-9 Codes	Enter the code in the first field then hit the “Enter” or “Tab” key
Modify	Modifies a record

Treatment

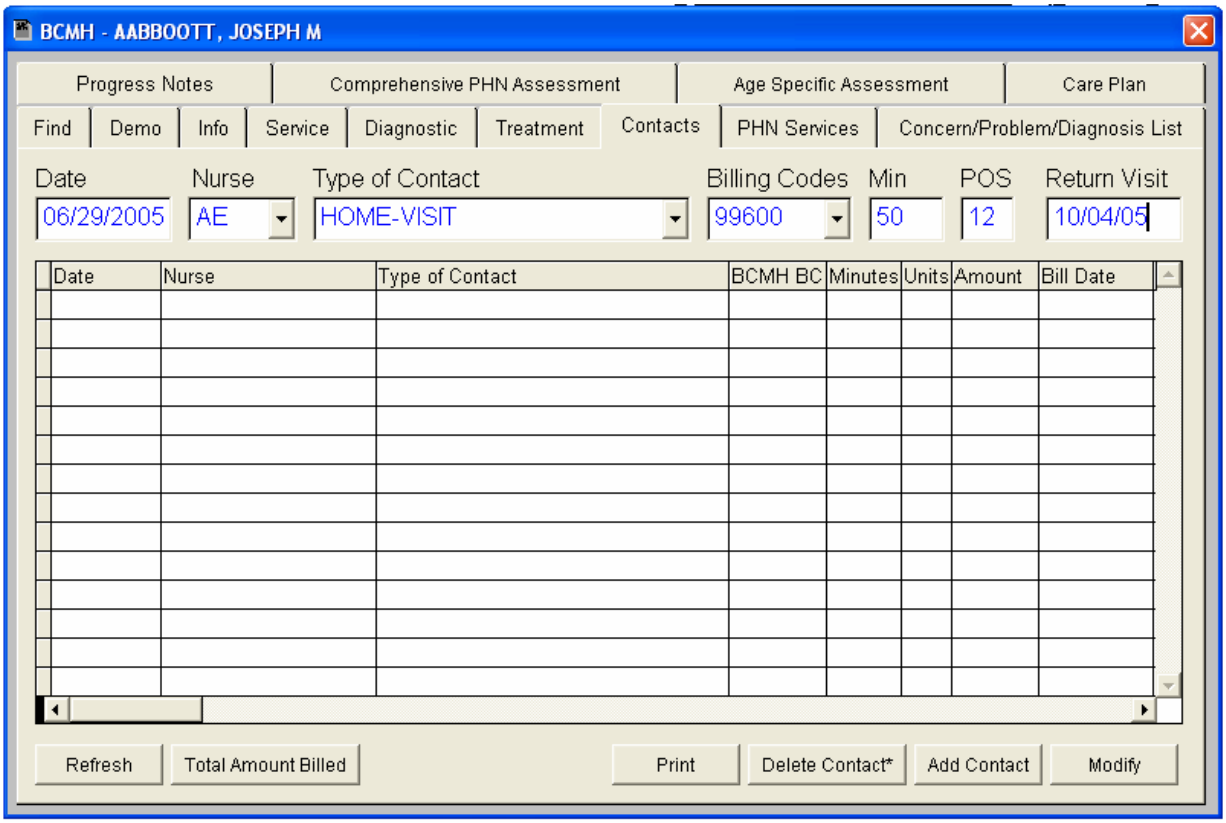
Treatment



Field/Button	Description
From Date	LOA (letter of approval) start date. As a new LOA is received the dates are updated here.
To Date	LOA end date for that period
Beginning	Date the service first began
Discharge	Date the client was discharged
ICD-9 Codes	Enter the code in the first field then hit the “Enter” or “Tab” key
Modify	Modifies a record

Contacts

Contacts

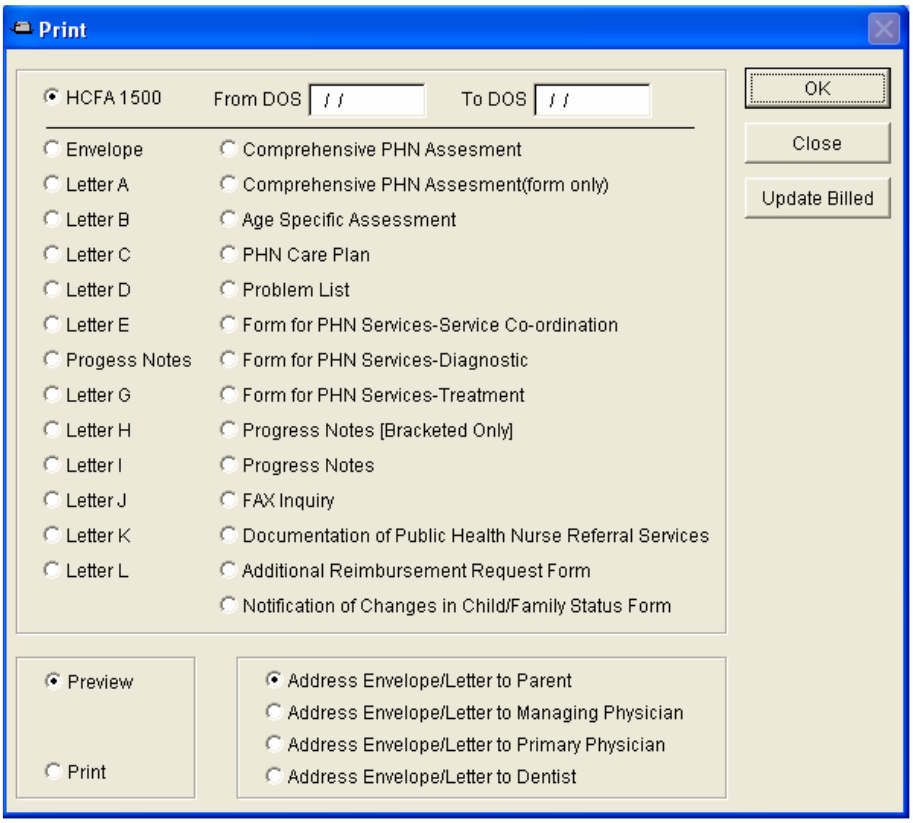


Contacts- The nurse's billable activities are recorded here, and this information creates the HCFA 1500 form. Enter a contact across the fields on the top of the grid, and then click the "**Add Contact**" button. This will put the billable contact in the list below. Also, be sure not to miss the scroll bars on the contact list, as there are additional fields to the right.

Field/Button	**Description**
Modify Button	Opens record to enter visit data.
Date	Date of the visit /contact
Type of Contact	Location of the contact
BCMH Billing Code	Select the current code that the health department is using (i.e.99600)
Return Visit Date	Date you expect to make a return visit/contact. The return visit report captures this date.
Add Contact Button	Adds data that you have just entered to the table below.
Bill Date	Will automatically be completed once the visit is billed
Paid	Manually mark this as paid.
Delete Contact*	Right click to delete a highlighted entry
Print	Prints the HCFA 1500 (See Printing)

Print Menu

Print



Print: The print button is available on all the tabs from contacts through the progress notes tab. The print menu is the same, and you may print any of the options no matter what tab you have open at the time.

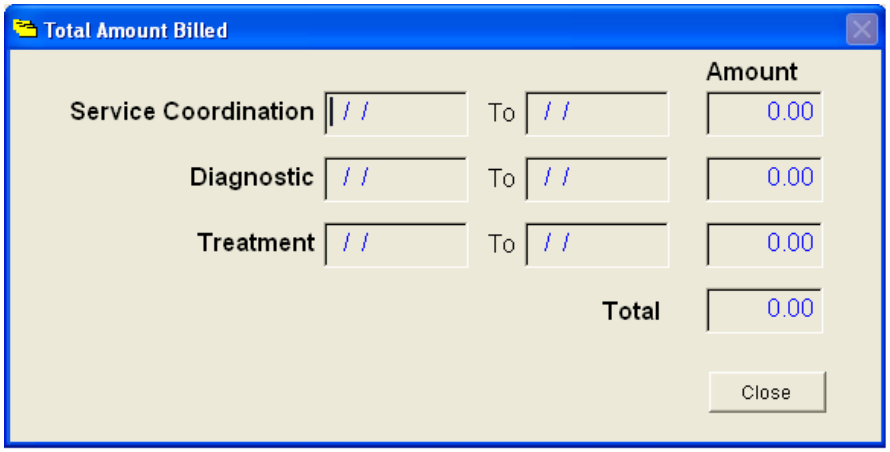
** Note: When printing out a HCFA 1500, make sure you click on the "**Update Billed**" button so the system can give your contacts a bill date.

Field/Button	Description
HCFA 1500	When you select the HCFA 1500 button you must also enter the dates of service (DOS).
Envelope	Prints an envelope for the parent of the client
Letter A - L	Prints a letter addressed to the parent, managing physician, primary physician, or dentist. You have total control over any data in the letter {See maintenance section)
Comprehensive PHN Assessment	Prints the assessment as long as one has been initiated
Comprehensive PHN Assessment (form only)	Prints the assessment form (Print out only)
Age Specific Assessment	Prints the age specific assessments

PHN Care Plan	Prints the care plan
Problem List	Prints out the client's problem list
Form for PHN Services – Service Co-ordination	Prints the PHN Services form for Service Co-ordination
Form for PHN Services – Diagnostic	Prints the PHN Services form for Diagnostic
Form for PHN Services – Treatment	Prints the PHN Services form for Treatment
Progress Notes [Bracketed Only]	Prints bracketed notes only. The brackets are the square brackets usually found after the letter "P" on the keyboard.
Progress Notes	Prints out all of the progress notes
FAX Inquiry	Prints a fax inquiry to Ohio Department of Health
Documentation of Public Health Referral Services	Prints Documentation of Public Health Referral Services form
Additional Reimbursement Request Form	Prints Additional Reimbursement form for the Ohio Department of Health
Notification of Changes in Child/Family Form	Prints Notification of Changes Form for the Ohio Department of Health

Total Amount Billed Button

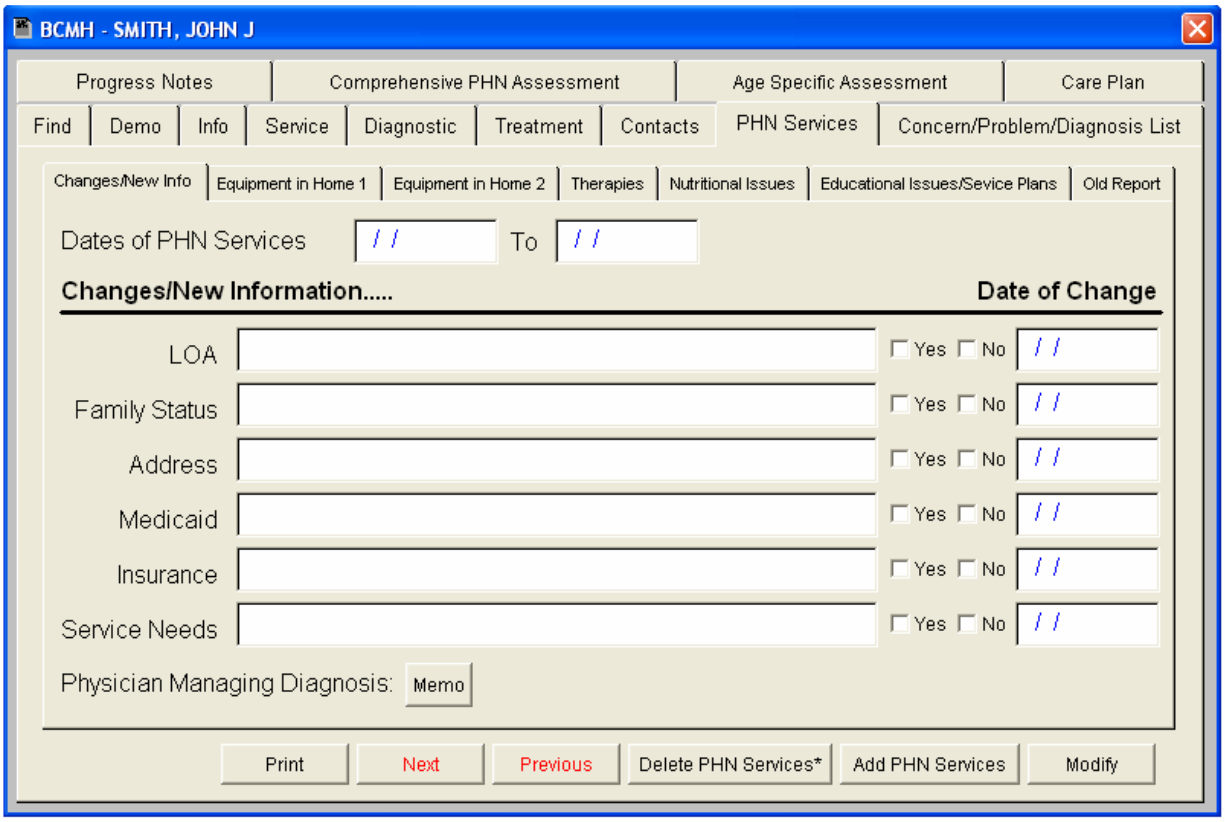
Total Amount Billed



The "**Total Amount Billed**" button displays how much you have billed for the client for the LOA "**from**" and "**to**" dates.

PHN Services

PHN Services

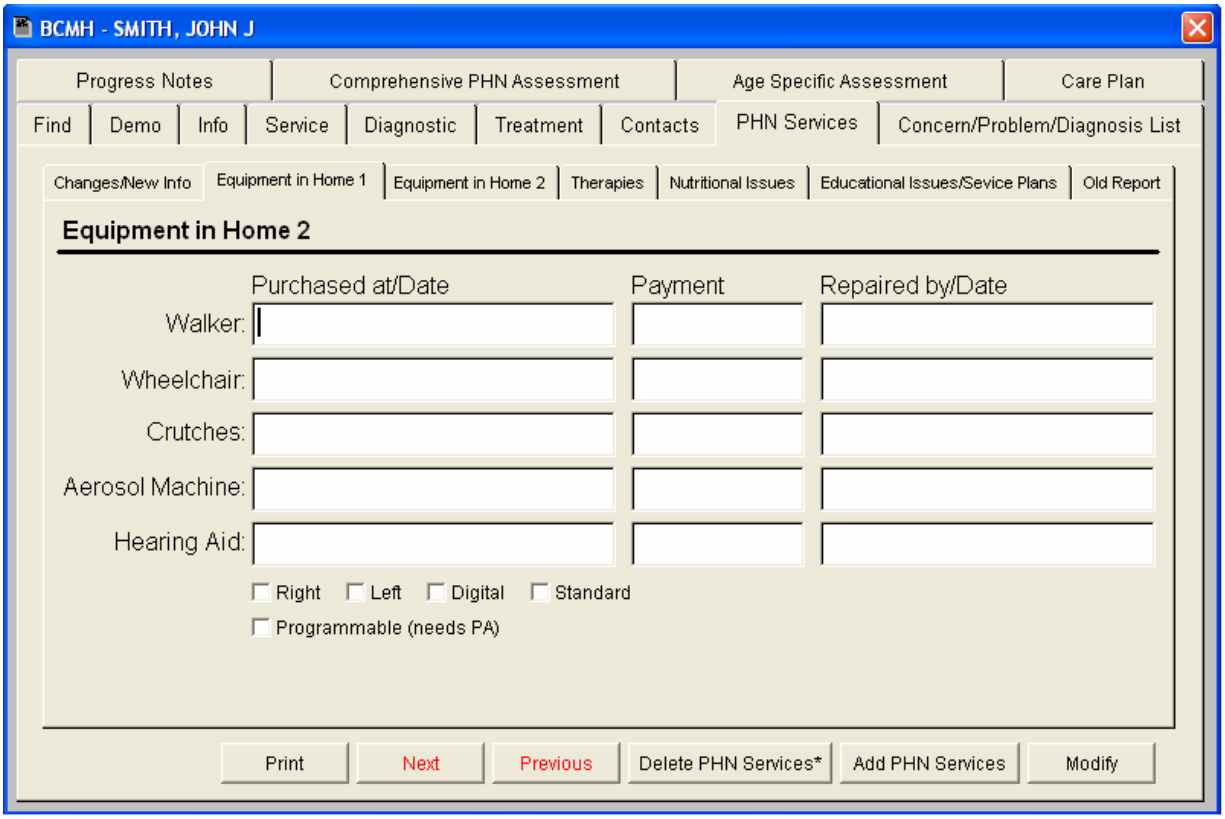


The **PHN Services** tab is used to fill out the information for the PHN Services form that you mail to ODH. It is divided into six different tabs, with the last tab being the old PHN Services report. It may look confusing, but it will print out the exact form with all the required information. One PHN Services form is sent in for each new LOA or if there are changes that you have to report to the state.

Field/Button	Description
Dates of PHN Services	Enter the dates of the PHN Services
LOA	Enter the changes or new information to the LOA
Family Status	Enter the changes or new information to the client's family status
Address	Enter any changes to the client's address
Medicaid	Enter any changes or additions to the client's Medicaid
Insurance	Enter any changes or additions to the client's insurance status
Service Needs	Enter any changes or additions to the client's service needs
Yes	Check if there are changes
No	Check if there are no changes
Date of Change	Enter the date of the change

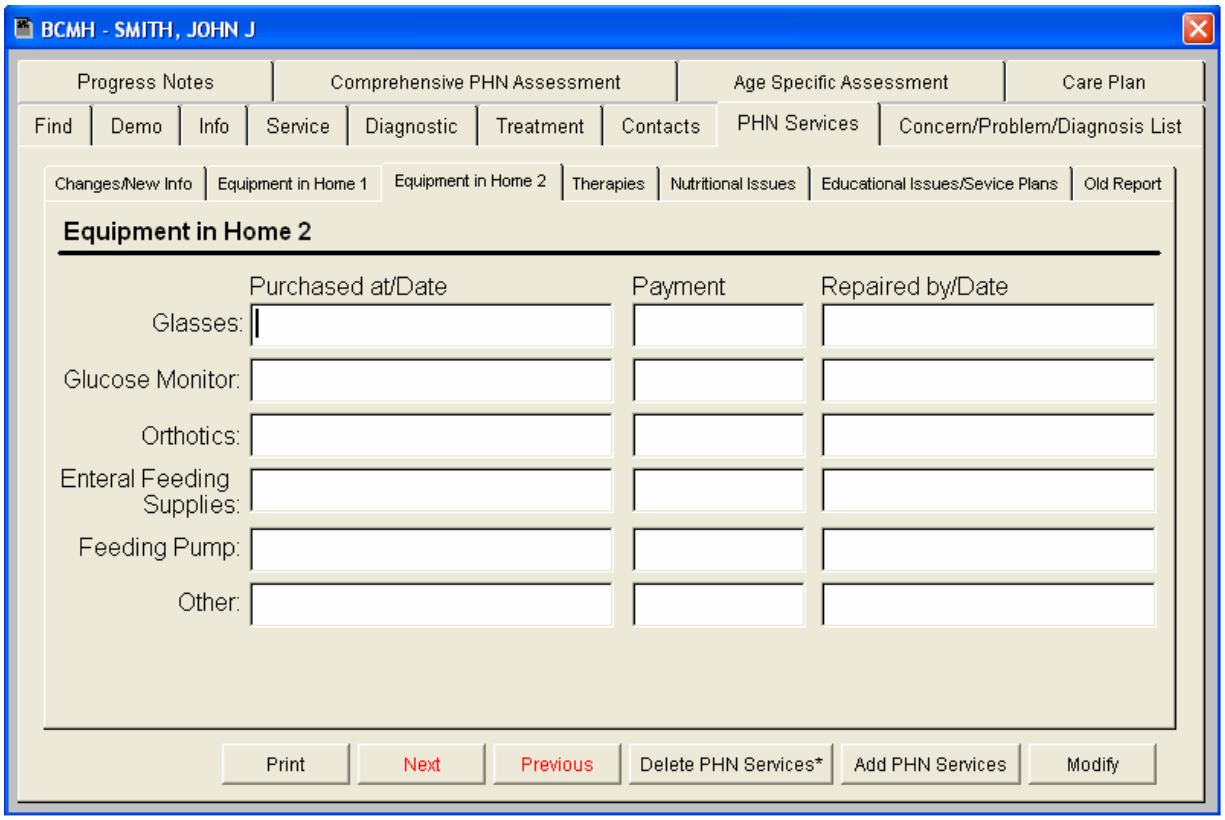
Physician Managing Diagnosis	Click on the “Memo” button to enter the Physician Managing Diagnosis
Print	Click to open the Print menu
Next	Click to go to the next PHN Services form
Previous	Click to go to the previous PHN Service form
Delete PHN Services*	Right click to delete the PHN Service information
Add PHN Service	Click to add a PHN Service. Right click to copy information from a previous PHN Service Report
Modify	Click to modify information to the current PHN Service

Equipment in Home 1



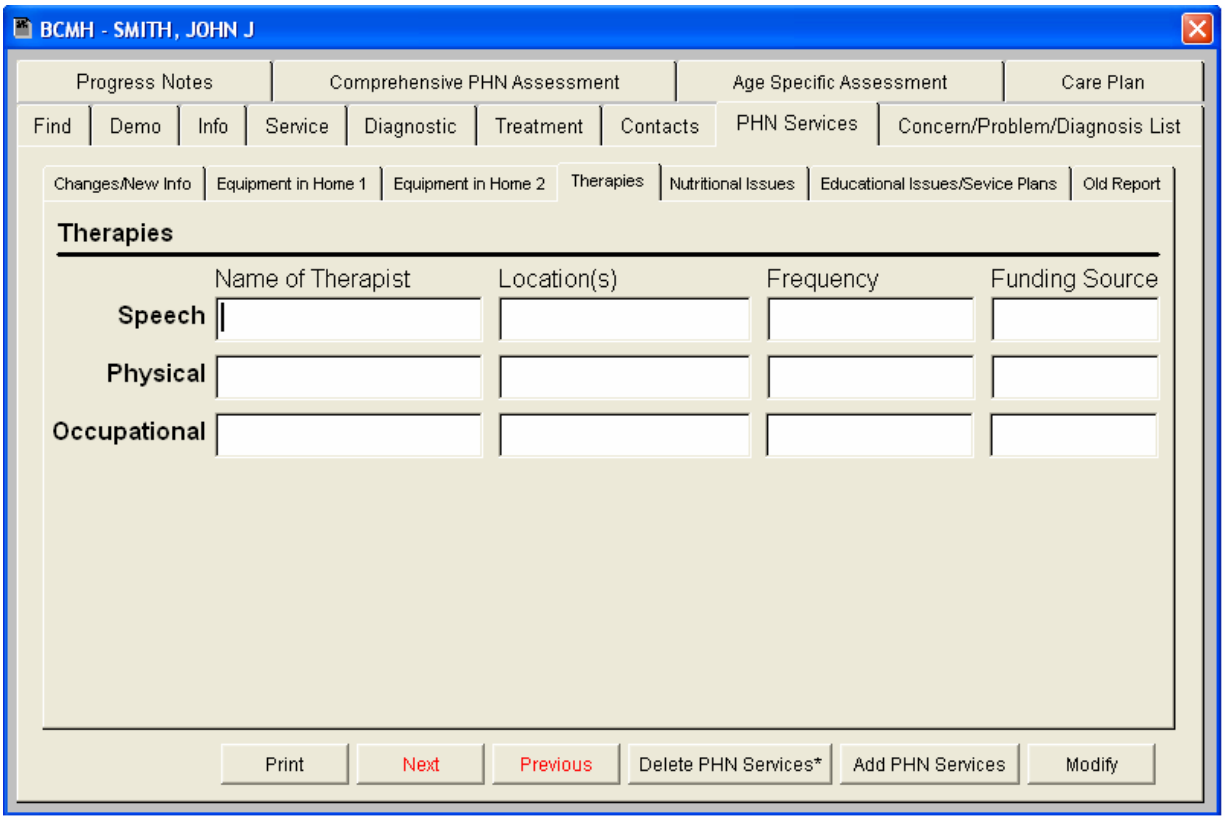
Field/Button	Description
Purchased at/Date	Enter the place of purchase of the equipment and the date
Payment	Enter the type of payment for the equipment
Repaired by/Date	Enter who repaired the equipment and the date of repair
Right	Check if the hearing aid is for the right ear
Left	Check if the hearing aid is for the left ear
Digital	Check if the hearing aid is digital
Standard	Check if the hearing aid is standard
Programmable	Check if the hearing aid is programmable

Equipment in Home 2



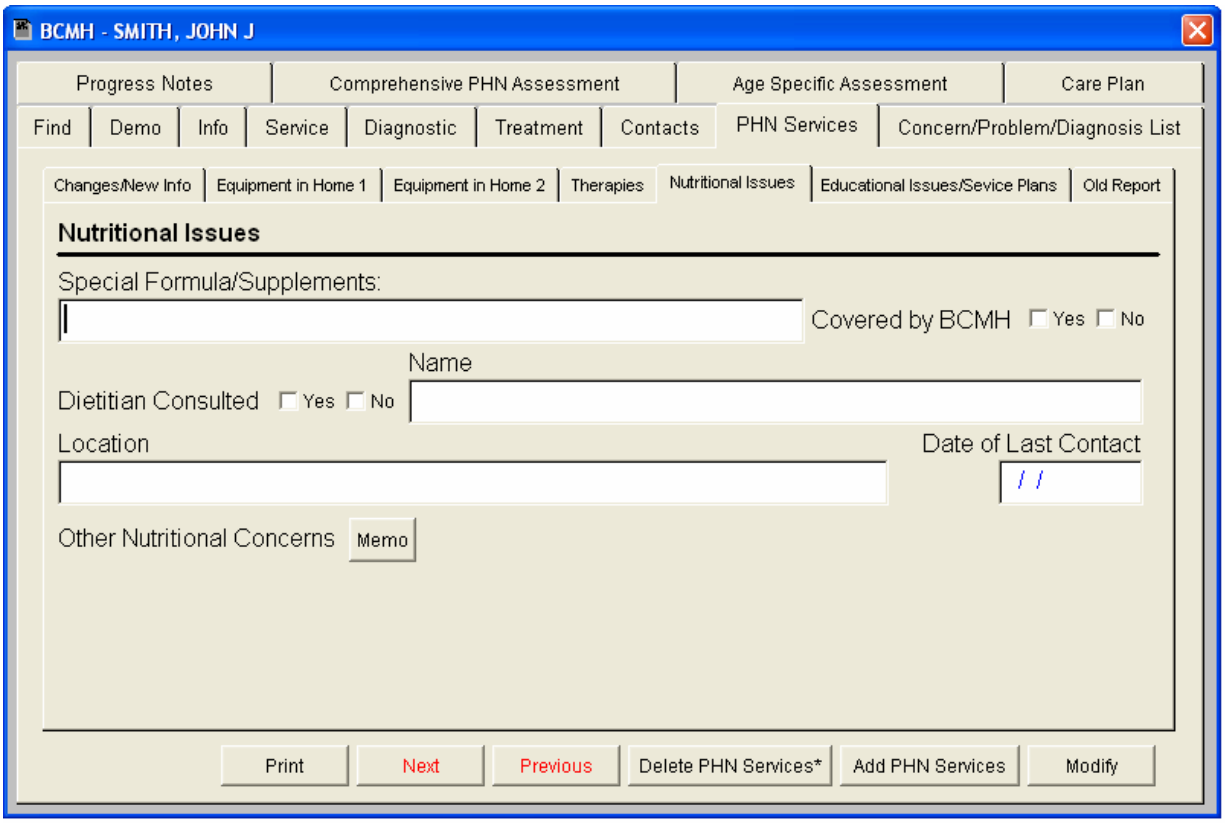
Field/Button	Description
Purchased at/Date	Enter the place of purchase of the equipment and the date
Payment	Enter the type of payment for the equipment
Repaired by/Date	Enter who repaired the equipment and the date of repair

Therapies



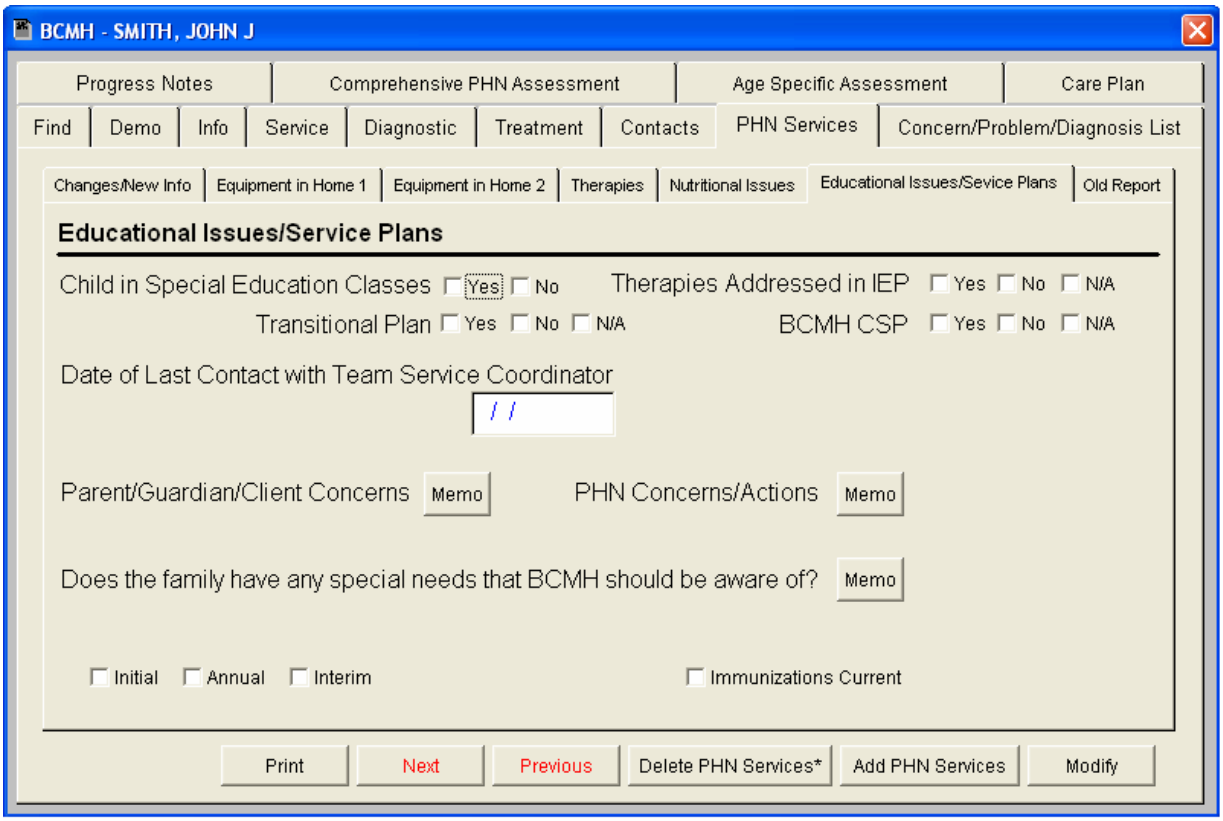
Field/Button	Description
Name of Therapist	Enter the name of the client's therapist
Location(s)	Enter the location of the therapy
Frequency	Enter the frequency of visits for the therapy
Funding Source	Enter the funding source of therapy

Nutritional Issues



Field/Button	Description
Special Formula/Supplements	Enter any special formulas of supplements
Covered by BCMH - Yes	Check if the formulas/supplements are covered by BCMH
Covered by BCMH - No	Check if the formulas/supplements are not covered by BCMH
Dietician Consulted - Yes	Check if a dietician was consulted
Dietician Consulted - No	Check if a dietician was not consulted
Name	Enter the name of the dietician
Location	Enter the location of the dietician
Date of Last Contact	Enter the date the dietician was last seen
Other Nutritional Concerns	Click on “Memo” to enter any additional nutritional concerns

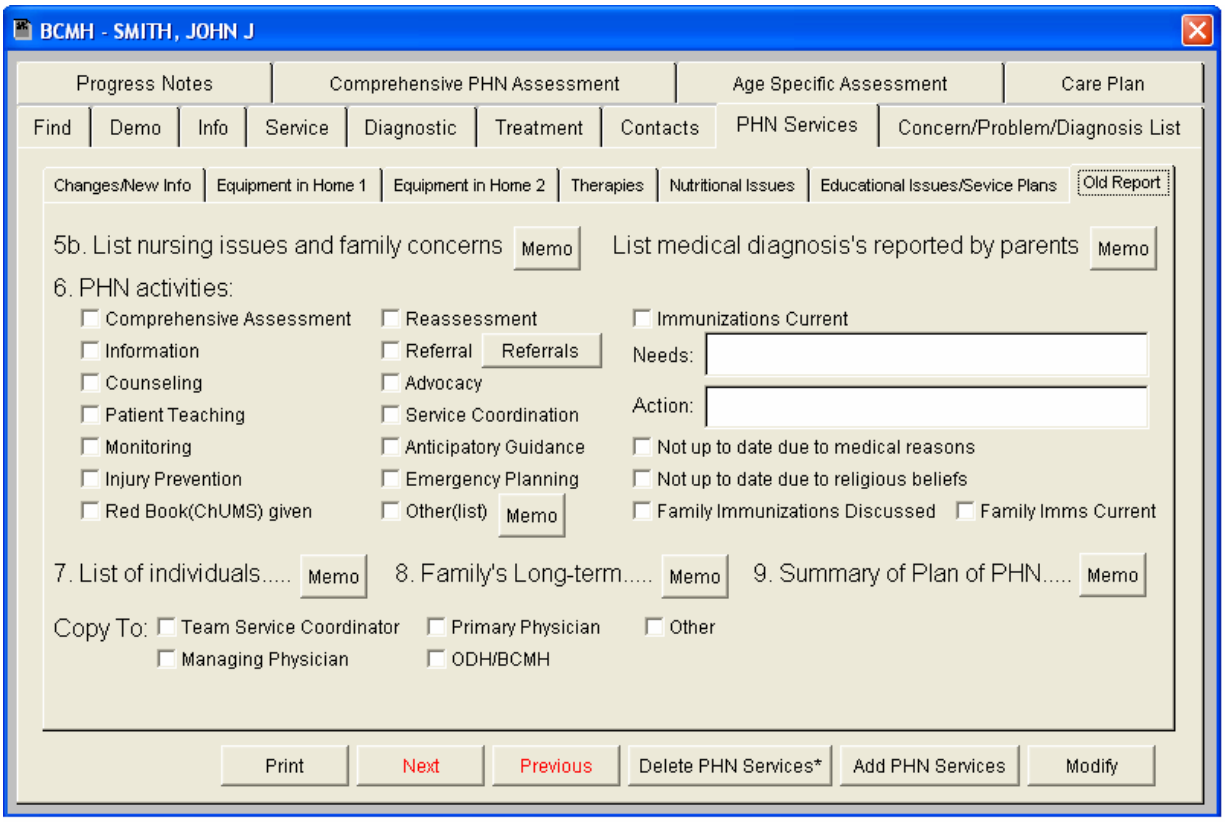
Educational Issues/Service Plans



Field/Button	Description
Child in Special Education Classes - Yes	Check if the client is in any special education classes
Child in Special Education Classes - No	Check if the client is not in any special education classes
Transition Plan - Yes	Check if the client has a transition plan
Transition Plan - No	Check if the client does not have transition plan
Transition Plan – N/A	Check if the transition plan is not applicable for the client
Therapies Address in IEP - Yes	Check if the therapies are addressed in IEP
Therapies Address in IEP - No	Check if the therapies are not addressed in IEP
Therapies Address in IEP – N/A	Check if the therapies being addressed in the IEP are not applicable
BCMH CSP - Yes	Check for BCMH CSP
BCMH CSP - No	Check if not BCMH CSP
BCMH CSP – N/A	Check if the if BCMH CSP is not applicable
Date of Last Contact With Team Service Coordinator	Enter the date of the last contact with the team service coordinator

Parent/Guardian/Client Concerns	Click on “Memo” to enter any concerns
PHN Concerns/Actions	Click on “Memo” to enter any PHN concerns or actions
Does the family have any special needs that BCMH should be aware of?	Click on “Memo” to enter any special needs that BCMH should be aware of
Initial	Click if this is the initial PHN Service report
Annual	Click if this is an annual PHN Service report
Interim	Click if this is an interim PHN Service report
Immunizations Current	Click if the client’s immunizations are current

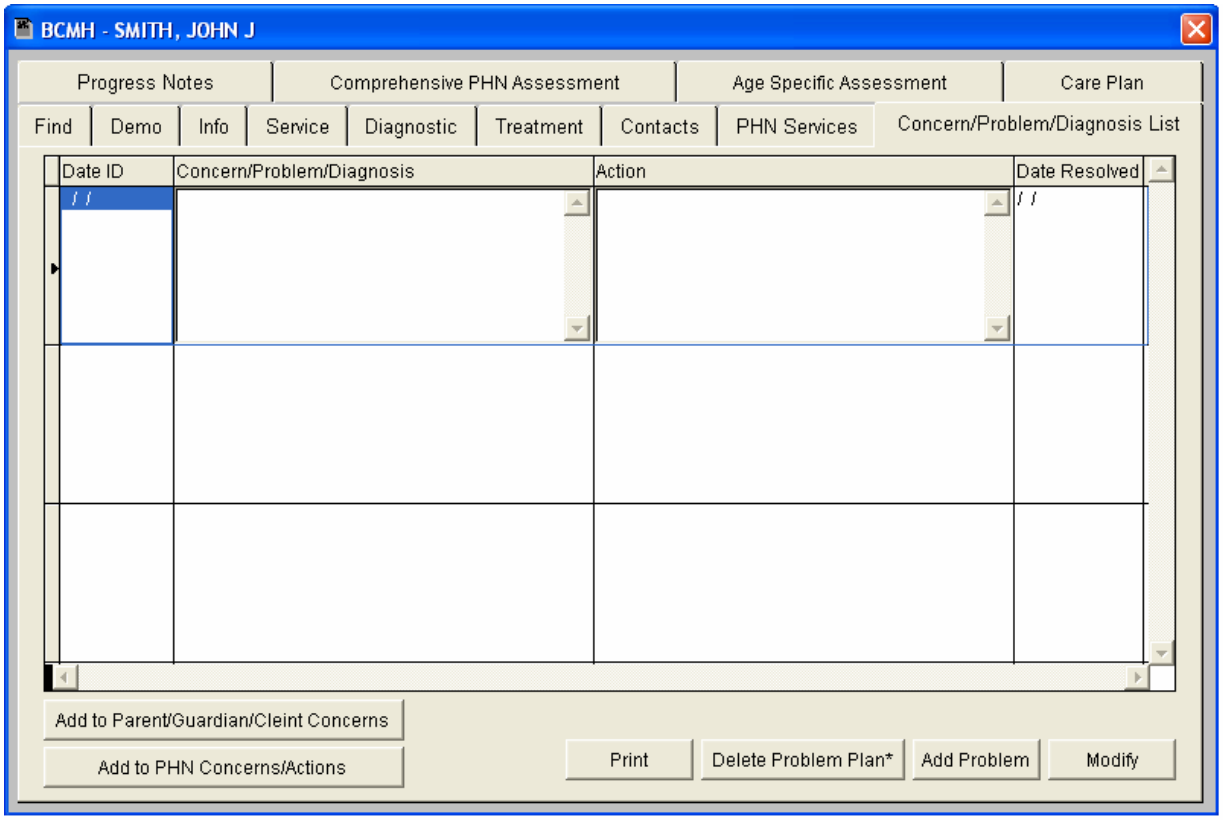
Old Report



The last tab of the PHN Services is the **old PHN Services report**. This page is here in case you want to look up previous information on the client. You **DO NOT** have to enter any new information on this page.

Concern/Problem/Diagnosis List

Concern/Problem/Diagnosis List

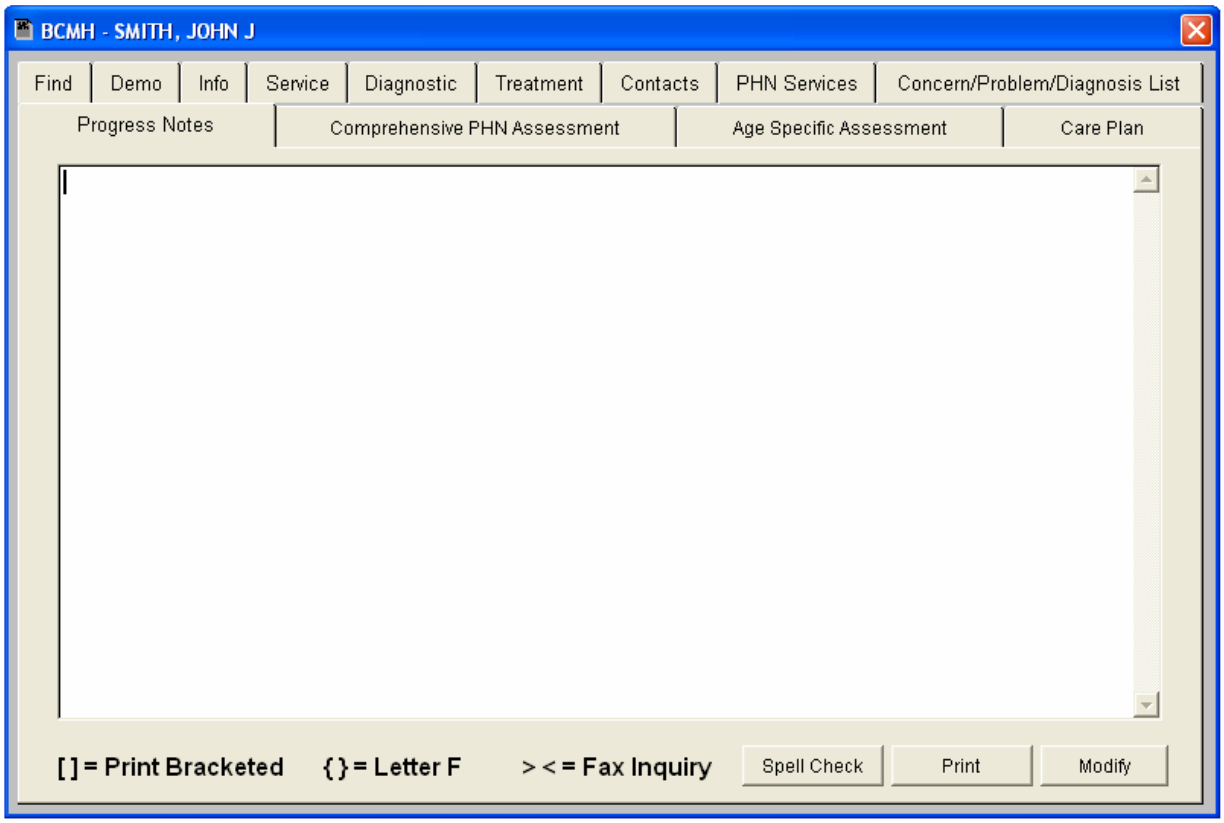


The **Concerns/Problem Diagnosis** page allows you to enter just that. You can also transfer information that you enter to the PHN Services Form.

Field/Button	Description
Add to Parent/Guardian/Client Concerns	Click to add to the Parent/Guardian/Client Concerns on the PHN form. Right click to add the Parent/Guardian/Client Concerns to the PHN Service form.
Add to PHN Concerns/Actions	Click to add to the PHN Concerns/Actions on the PHN form. Right click to add the Parent/Guardian/Client Concerns to the PHN Service form.
Print	Click to open the Print menu
Delete Problem Plan*	Right click to delete a problem
Add Problem	Click to add a problem to the list
Modify	Click to modify information

Progress Notes

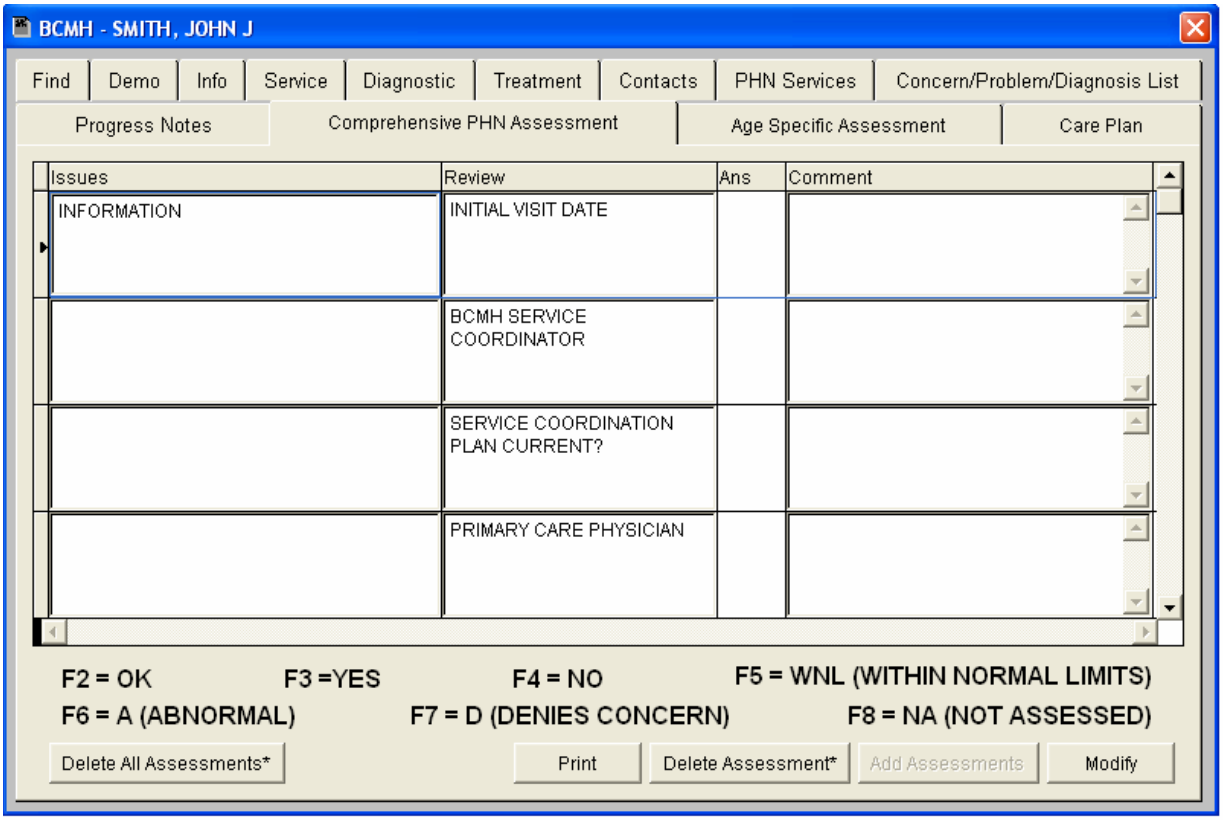
Progress Notes



You may record additional data in the client's record. You may also choose which data you wish to print. **Bracket the data you want to print with the brackets** next to the letter "**p**" on the keyboard. Use the curly brackets for the information that you want to include in **letter F**. Finally, use the greater than and less than signs to include the information in the fax inquiry. The **Print** button will print the selected data.

Comprehensive

Comprehensive PHN Assessment



You can create this assessment in the maintenance section of the BCMH Module. The assessment will be divided as above. To start an assessment, click the "**Add Assessment**" button. You may use the **function keys** as shortcuts for your answers. You can also add comments to your answers.

Field/Button	**Description**
Issue	Main categories or systems for assessment
Review	Areas in each category with more detailed information
W - Within Normal Limits	Upon assessment, findings were within normal range
A - Abnormal	Upon assessment, findings were not within normal range
D - Denies Concern	Upon assessment, denies concern
Comments	Additional comments with unlimited characters
Add Assessment Button	Adds assessment below the current assessment
Delete Assessment Button	Deletes a highlighted entry
Modify Button	Modifies a record
Print	Prints the Comprehensive Assessment (See Below)

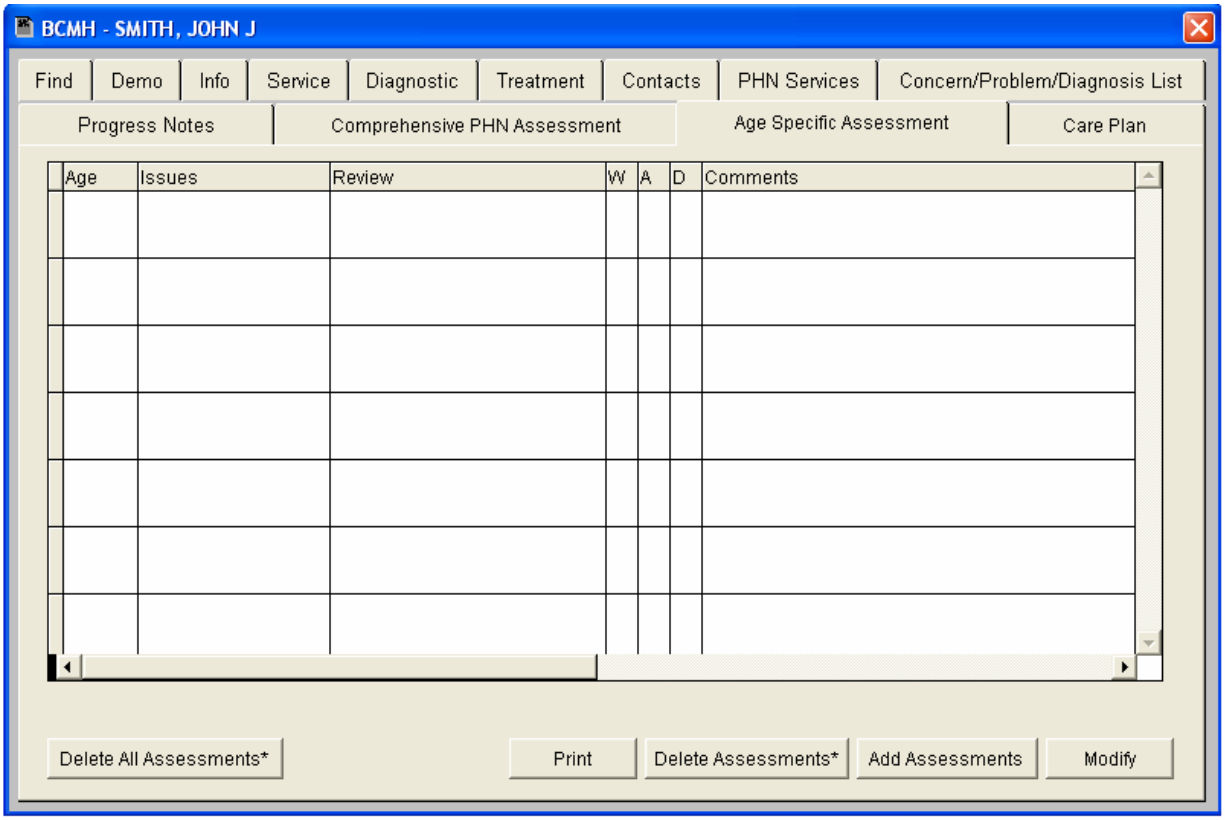
Comprehensive PHN Assessment
CAMERON, MICHELLE NATYA **Date of Birth:10/14/1988**
Nurse:

	Issues	Review	WNL	ABL	DEN	Comment
0.			☐	☐	☐	
1.	SUTURES		☐	☐	☐	
	HEAD	CIRCUMFERENCE	☒	☐	☐	
		CIRCUMFERENCE	☐	☐	☐	
		INFESTATION	☒	☐	☐	
		INFESTATION	☐	☐	☐	
		PAIN	☒	☐	☐	
		PAIN	☐	☐	☐	
		SYMMETRY	☐	☒	☐	Right side of head is irregular and has a concave appearance over the Right Right ear.

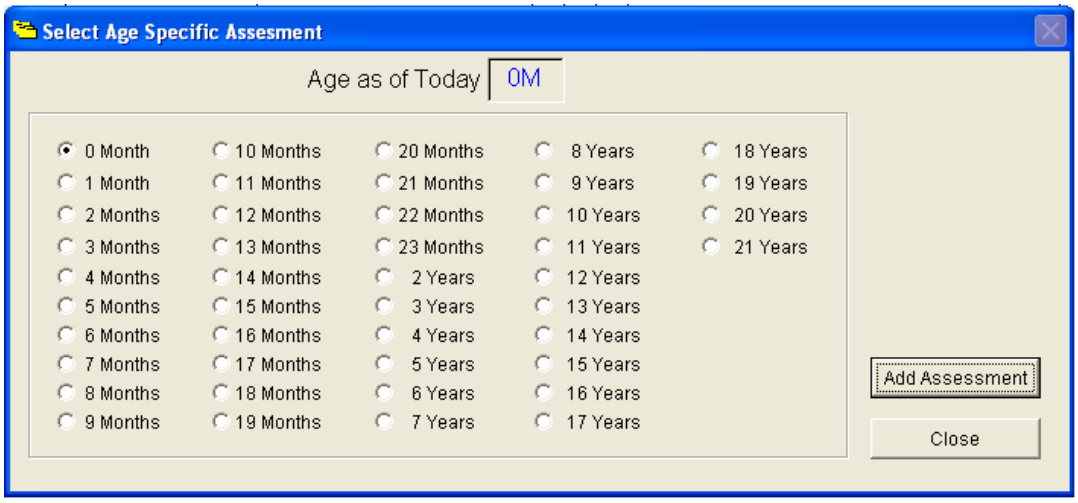
This is how the report will appear for the Comprehensive PHN Assessment when it is printed.

Age Specific Assessments

Age Specific Assessments

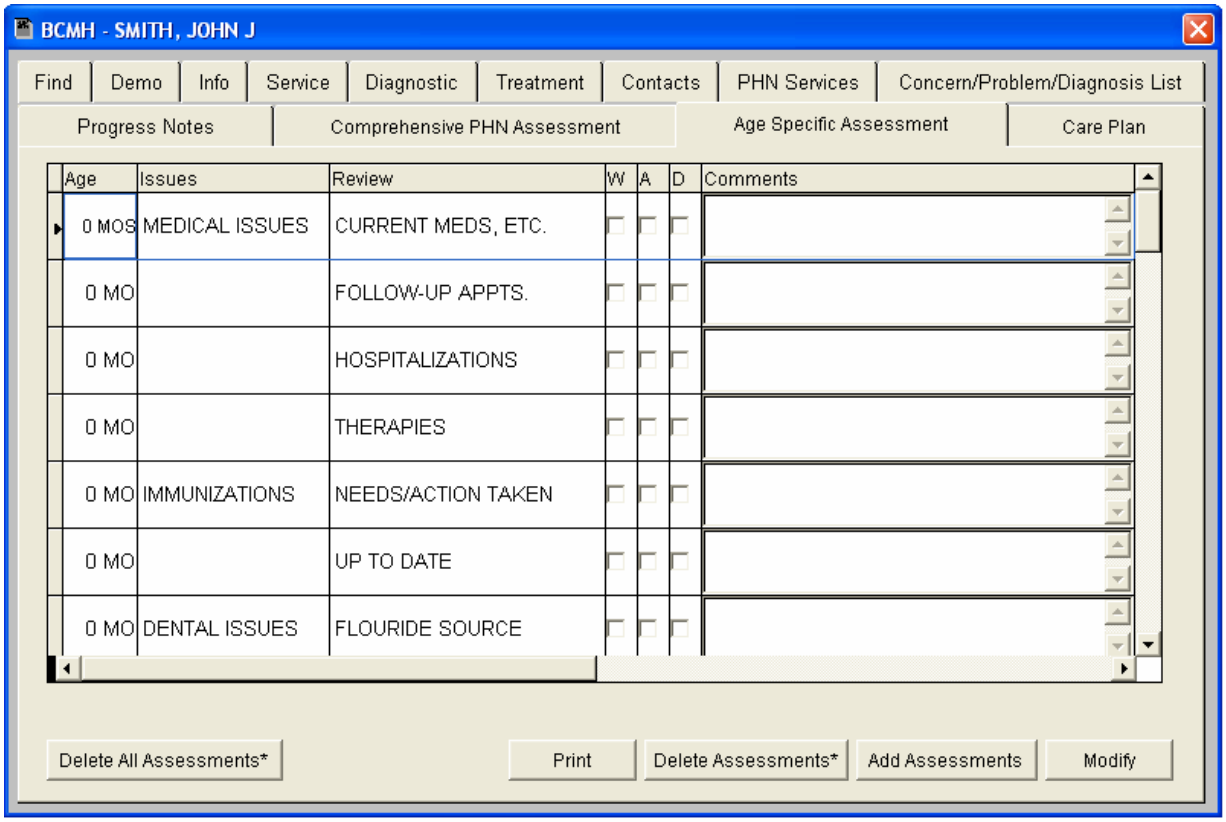


To add an Age Specific Assessment, click the "**Add Assessments**" button and the window below will pop up.



On this screen, click the correct age of the client and then click "**Add Assessment**". An assessment will be automatically added for that age.

Field/Button	**Description**
Add Assessment	Select the assessment to be added. Highlight the circle next to the appropriate age. The assessment is added to the record BELOW current assessments in the record.
Close Button	Exits the age assessment selection area without adding an assessment



This assessment is created in the maintenance section of the BCMH Module. The assessment will be divided as above.

Field/Button	**Description**
Age	Age for the assessment
Issues	Main areas of assessment
Review	Areas to assess under each main area selected
W - Within Normal Limits	Upon assessment, results were within normal range
A - Abnormal	Upon assessment, results were not within normal range.
D - Denies Concern	Upon assessment, denies concern
Comments	Additional comments with unlimited characters
Delete Assessments	Deletes a highlighted entry
Modify	Modifies a record

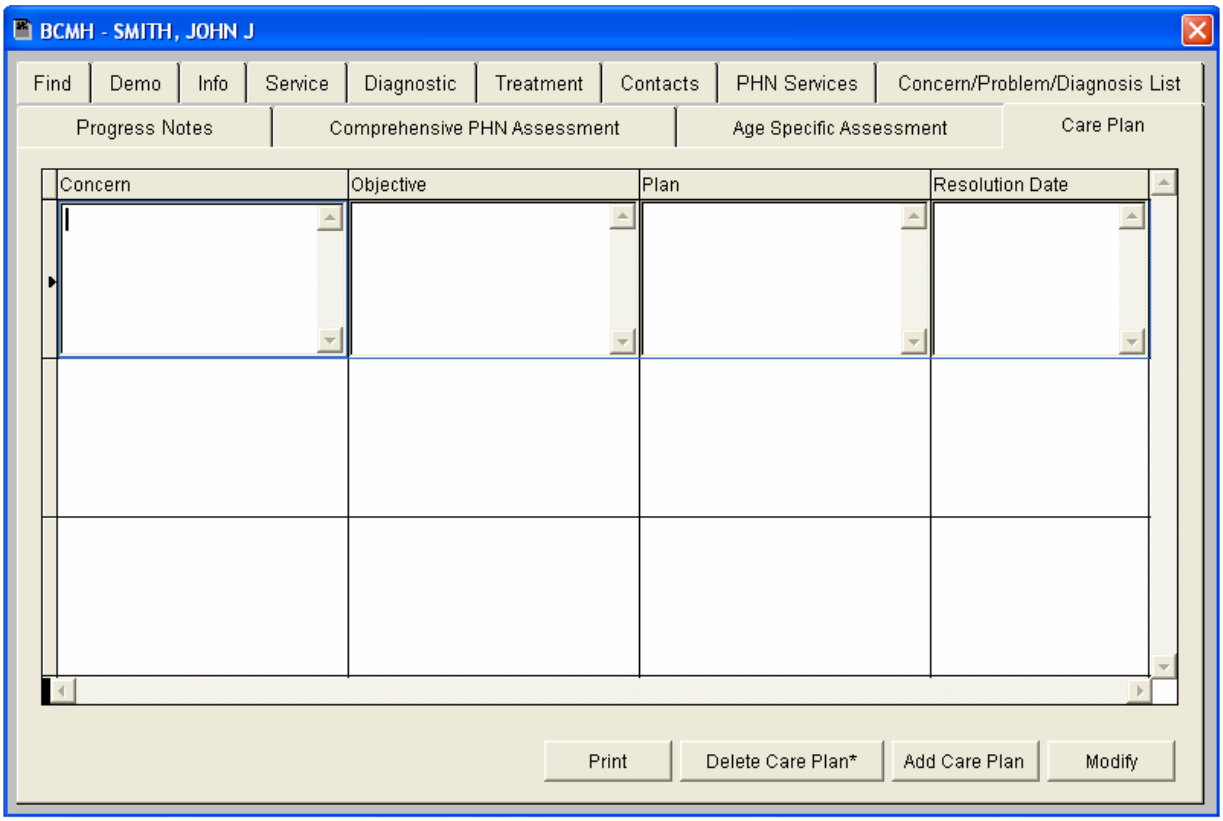
Below is an example of what the Age Specific Assessment looks like after it is printed.

Age Specific Assessment **Date:** _____
SMITH, JOHN **Date of Birth: 07/25/2005**
111-111111-1-11 **Nurse:**
Informant(name/relationship): _____

Age	Issues	Review	WNL	ABL	DEN	Comments
0 MOS	MEDICAL ISSUES	CURRENT MEDS, ETC.	☐	☐	☐	
		FOLLOW-UP APPTS.	☐	☐	☐	
		HOSPITALIZATIONS	☐	☐	☐	
		THERAPIES	☐	☐	☐	
	IMMUNIZATIONS	NEEDS/ACTION TAKEN	☐	☐	☐	
		UP TO DATE	☐	☐	☐	
	DENTAL ISSUES	FLOURIDE SOURCE	☐	☐	☐	
		GUM CONDITION	☐	☐	☐	
		ORAL CLEANING	☐	☐	☐	
		PACIFIER USE, ETC.	☐	☐	☐	
	NUTRITION	FEEDINGS -FORM./BREAST	☐	☐	☐	
		HEAD CIRCUMFERENCE	☐	☐	☐	
		HEIGHT & PERCENTILE	☐	☐	☐	

PHN Care Plan

PHN Care Plan



The PHN Care Plan is no longer in use but you can still enter data if you wish. This page is for your records only.

PHN Care Plan

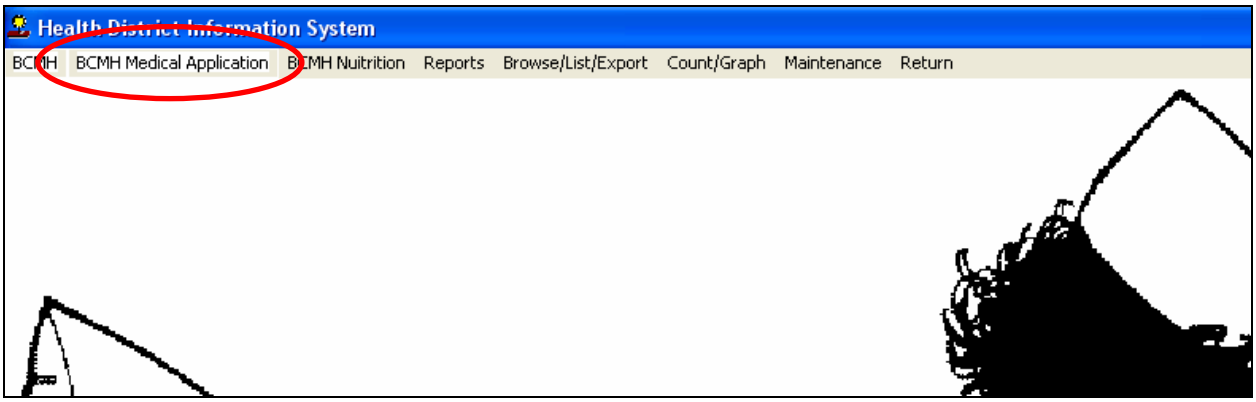
Field/Button	Description
Add Care Plan Button	Adds current data in plan
Concern	Add concerns found during assessment that become part of the care plan.
Objective	Goal of intervention
Plan	Indicate what you plan in relation to the intervention
Resolution Date	Date concern is resolved
Delete Care Plan Button	Deletes a highlighted entry
Modify	Opens the record to be modified
Print	Prints all the plans in the record

Below is an example of what the PHN Care Plans looks like after you print it.

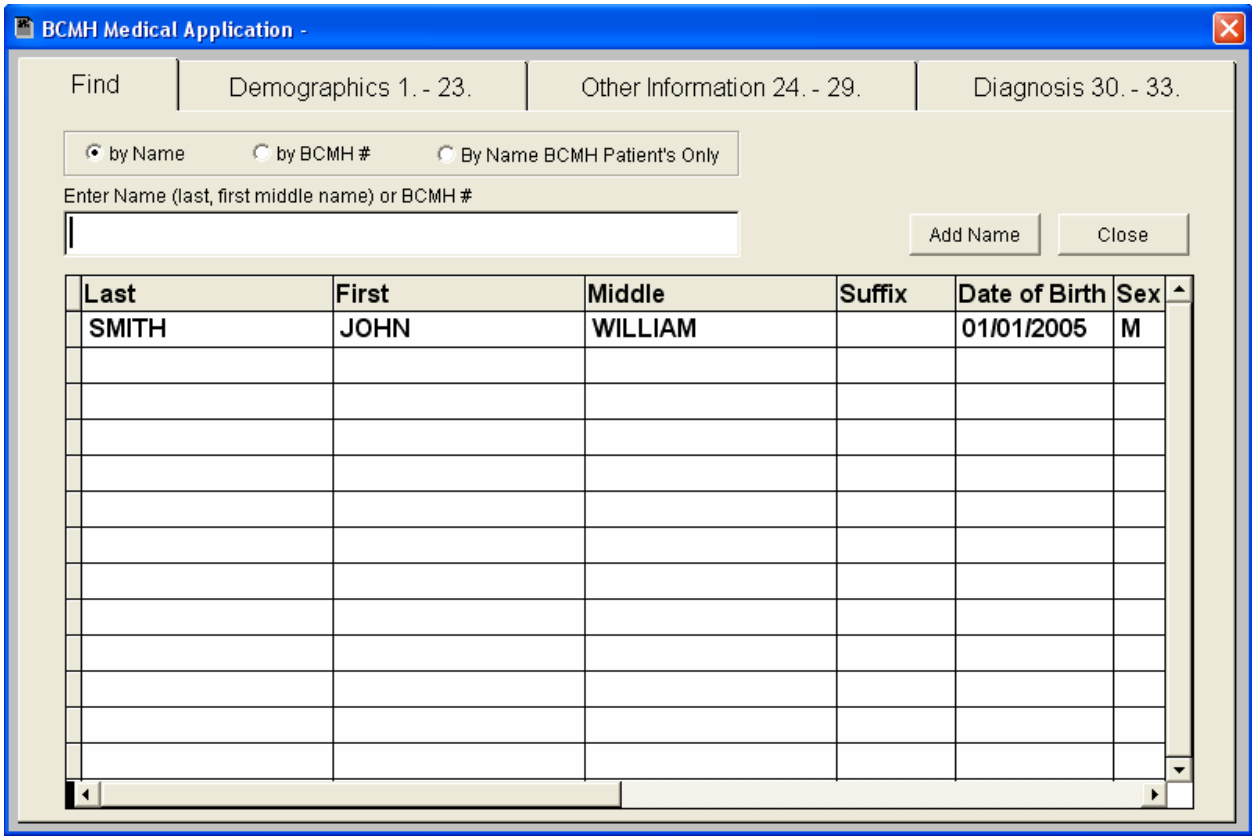
PHN Care Plan
SMITH, JOHN **Date of Birth:07/25/2005**
111-111111-1-11 **Nurse:**

Concern	Objective	Plan	Resolution Date
Needs medical insurance coverage	Get coverage	Get in contact with ODH	10/04/2005

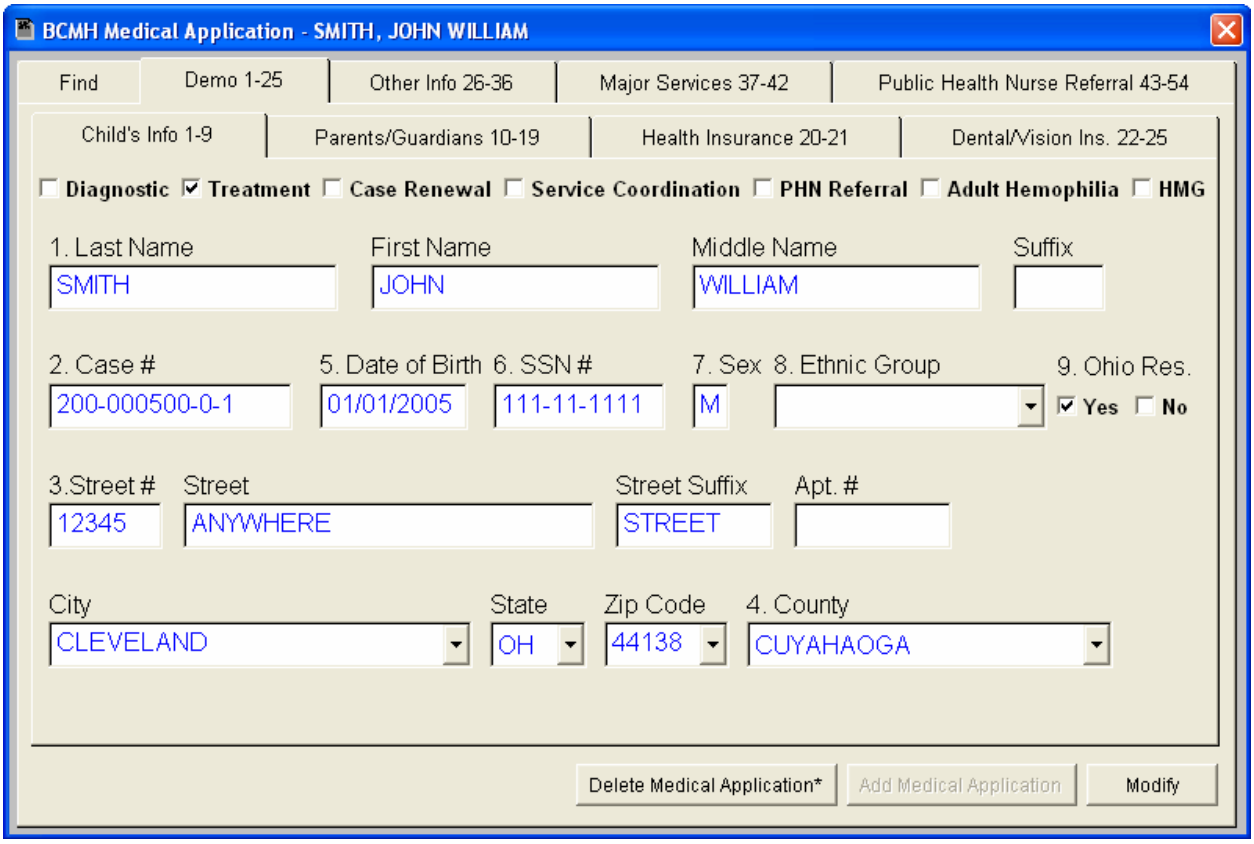
BCMH Application



To begin an application, click on "**BCMH Medical Application**" on the menu bar. Once the information is filled out, you will be able to print the Medical Application for the Ohio Department of Health.

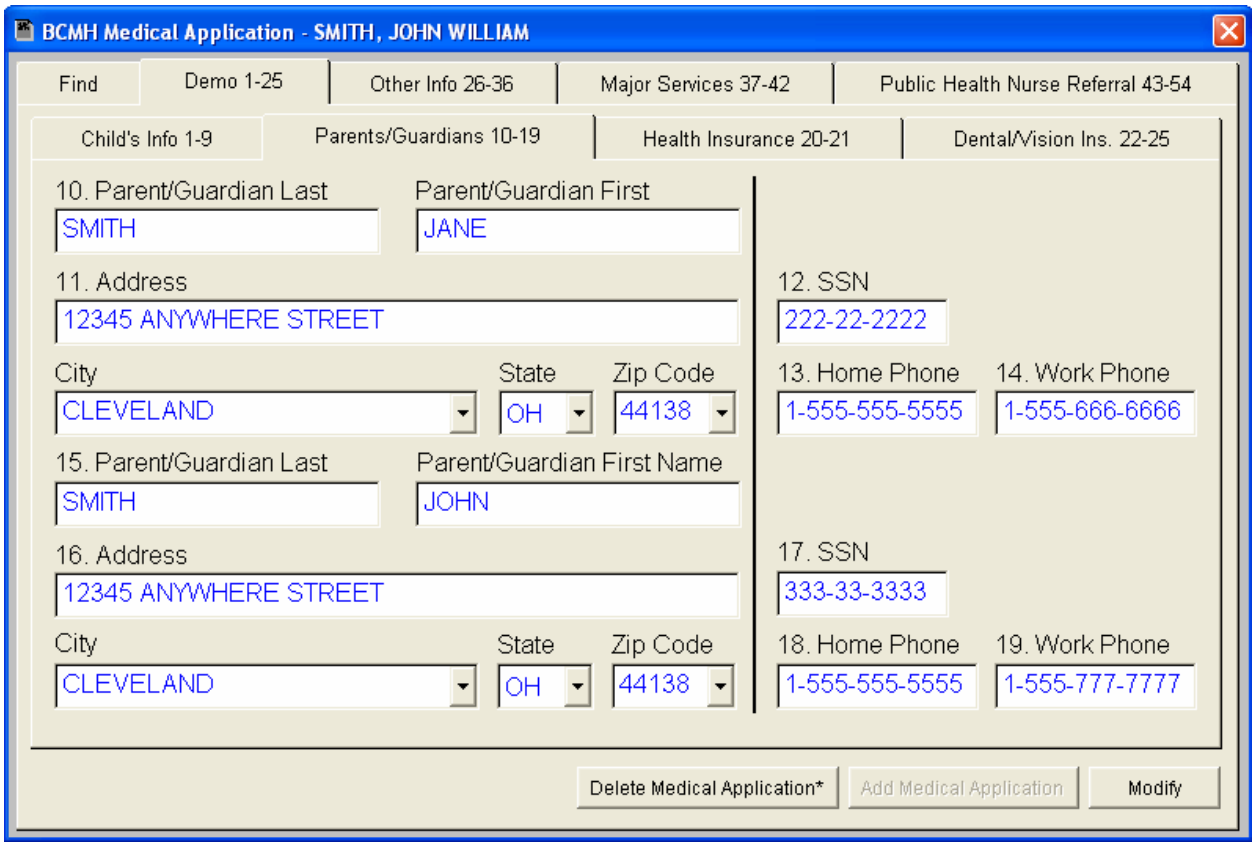


To find an existing applicant, enter their name (**last, first, middle**) and press the "**Enter**" key. The program will automatically find the name in the database for you. If the applicant's name is not in the list, you will then enter it in the database by clicking the "**Add Name**" button.



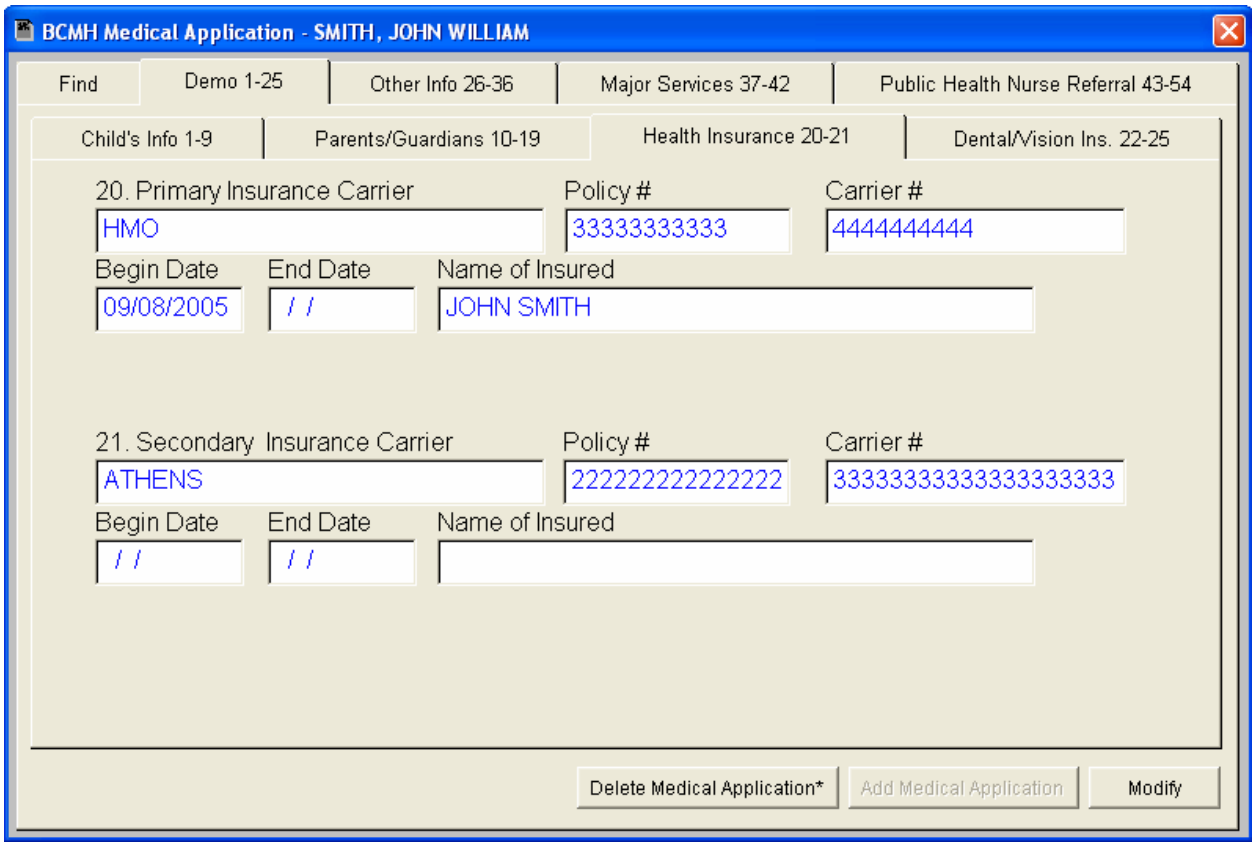
On this page, you will fill out the applicant's demographic information. To add an applicant, click the "**Add Medical Application**" button. **Be sure to check the appropriate box across top of the page for which program the applicant is applying.**

Parents/Guardians 10-19



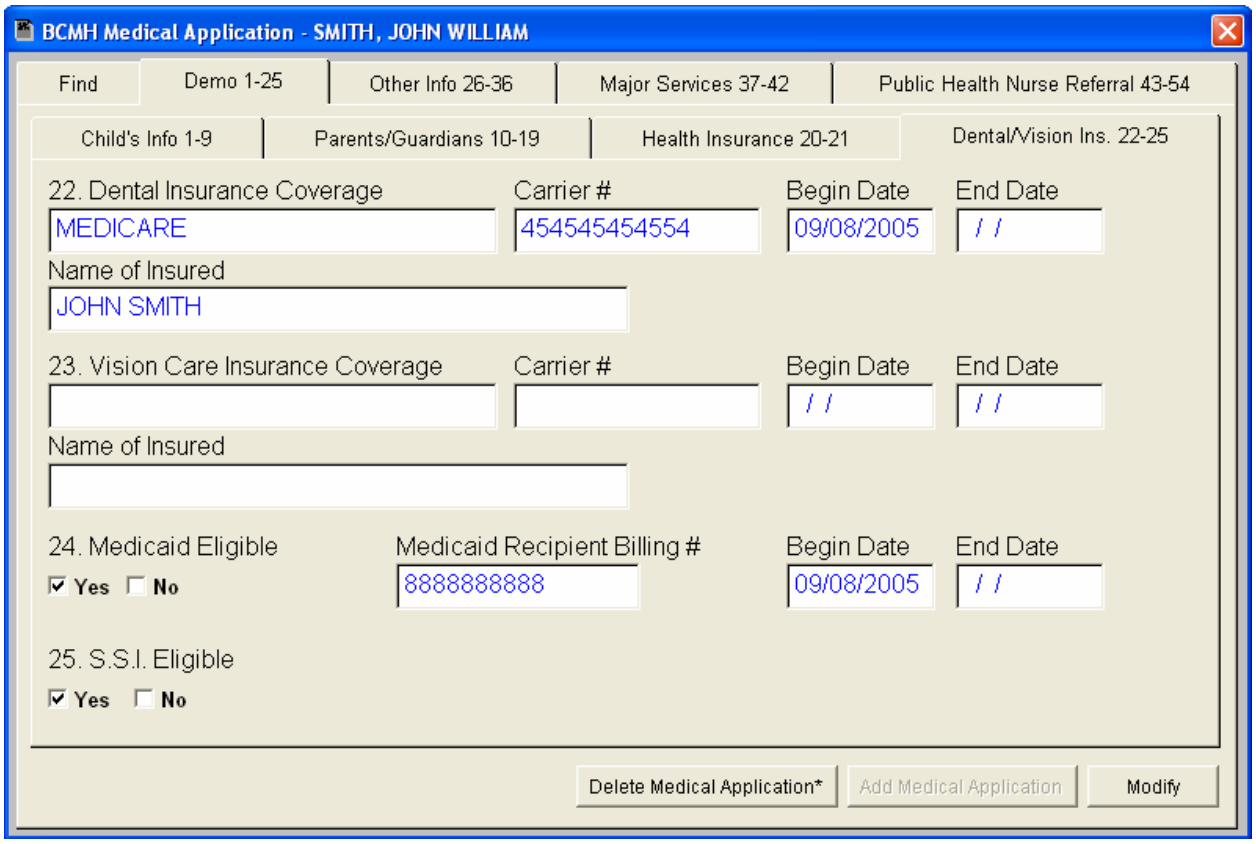
On this page, you will enter the parent/guardian's information.

Health Insurance 20-21



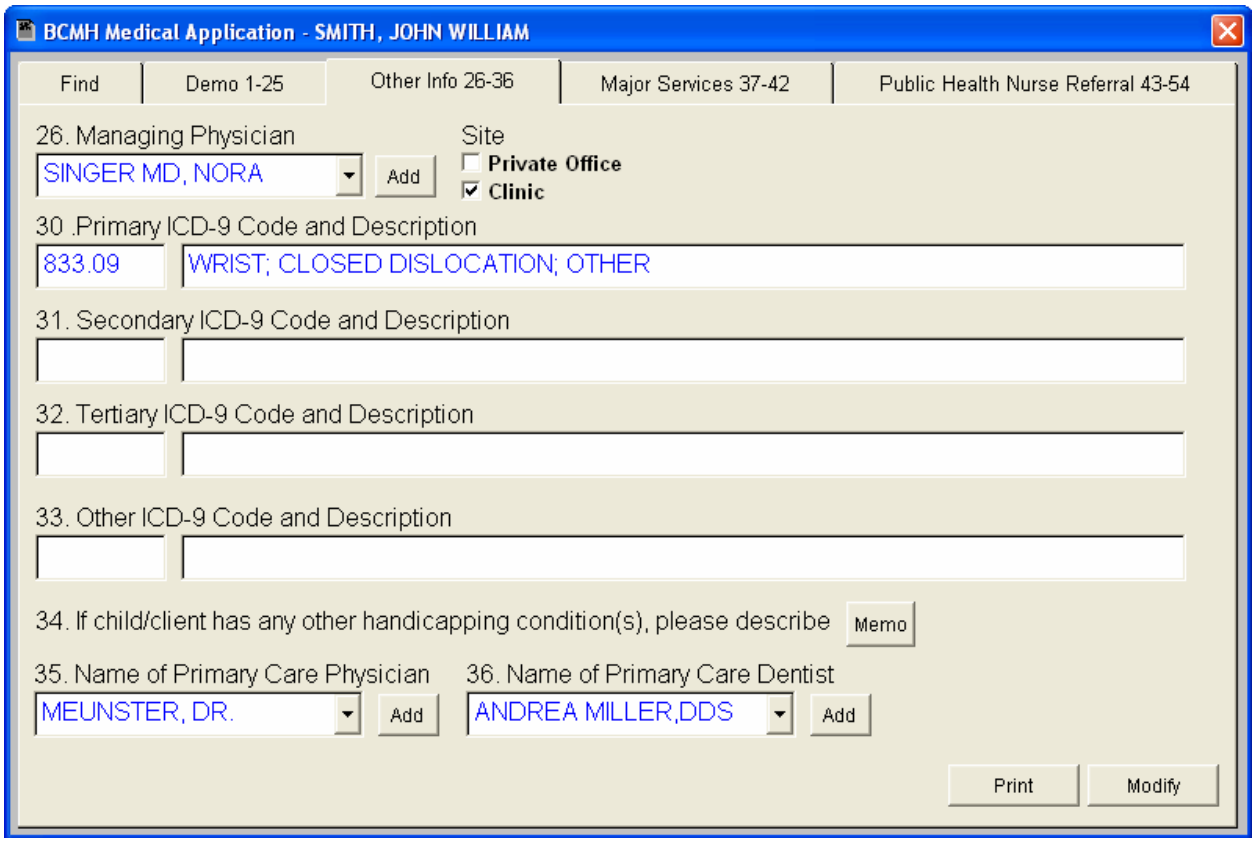
On this page, you will enter the health insurance information for the client.

Dental/Vision Ins. 22-23



On this page, you will enter the dental/vision insurance information for the client.

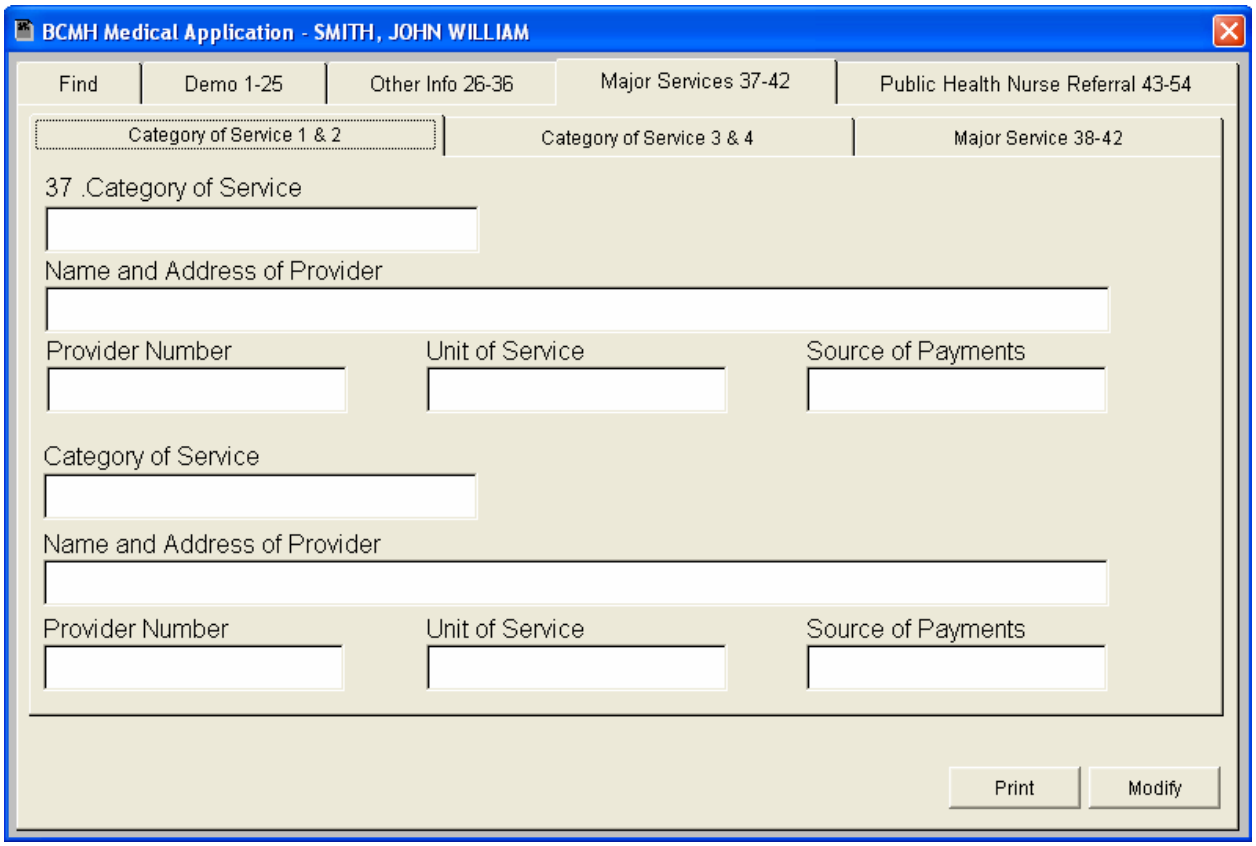
Other Information 26-36



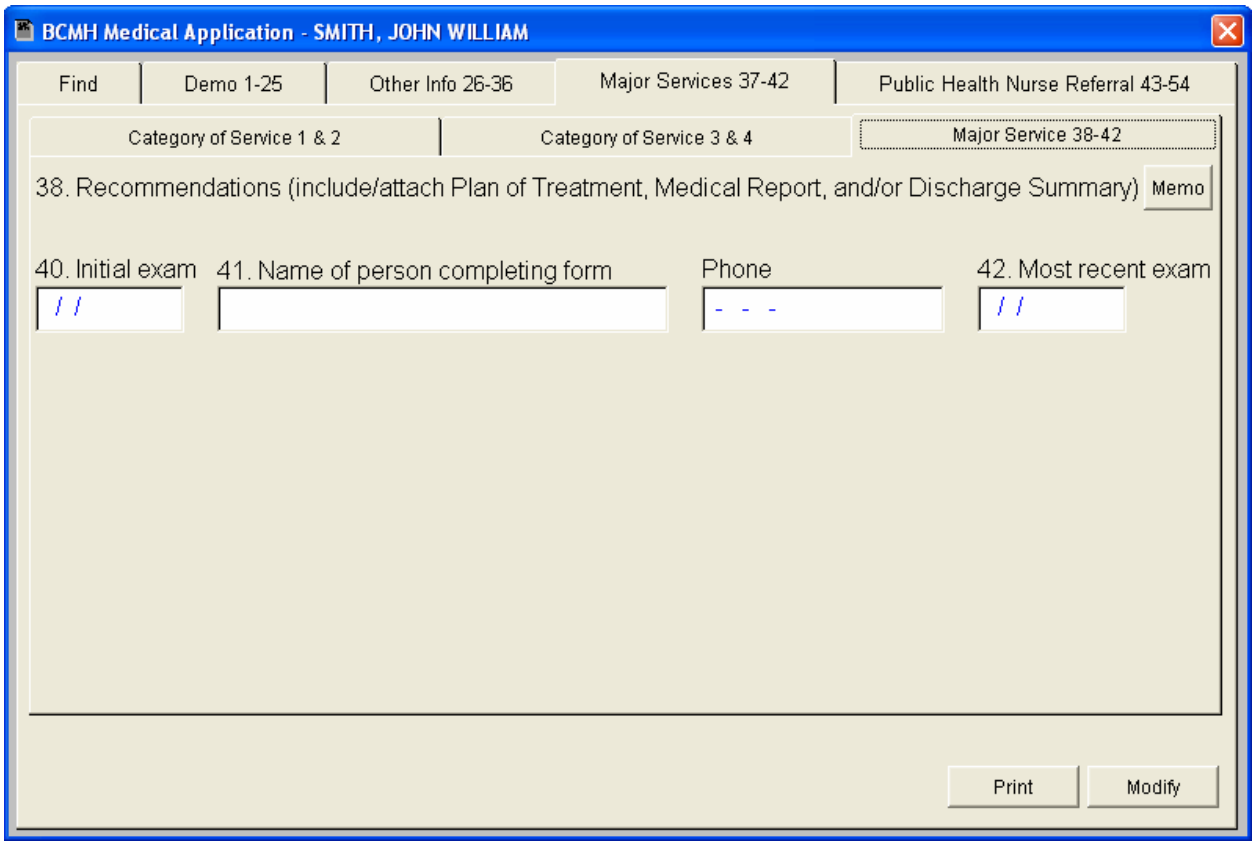
This page allows you to enter the applicant's diagnosis along with their physician and dentists' information. Once you have entered a ICD9 code, hit the "**Tab**" or "**Enter**" key, and the description of the code will automatically appear.

** Note: If you type in the code and the description does not appear, return to the code field and hit "**Ctrl**" **+** "**D**". This will bring up the entire list of ICD9 codes, whereupon you can choose the correct code.

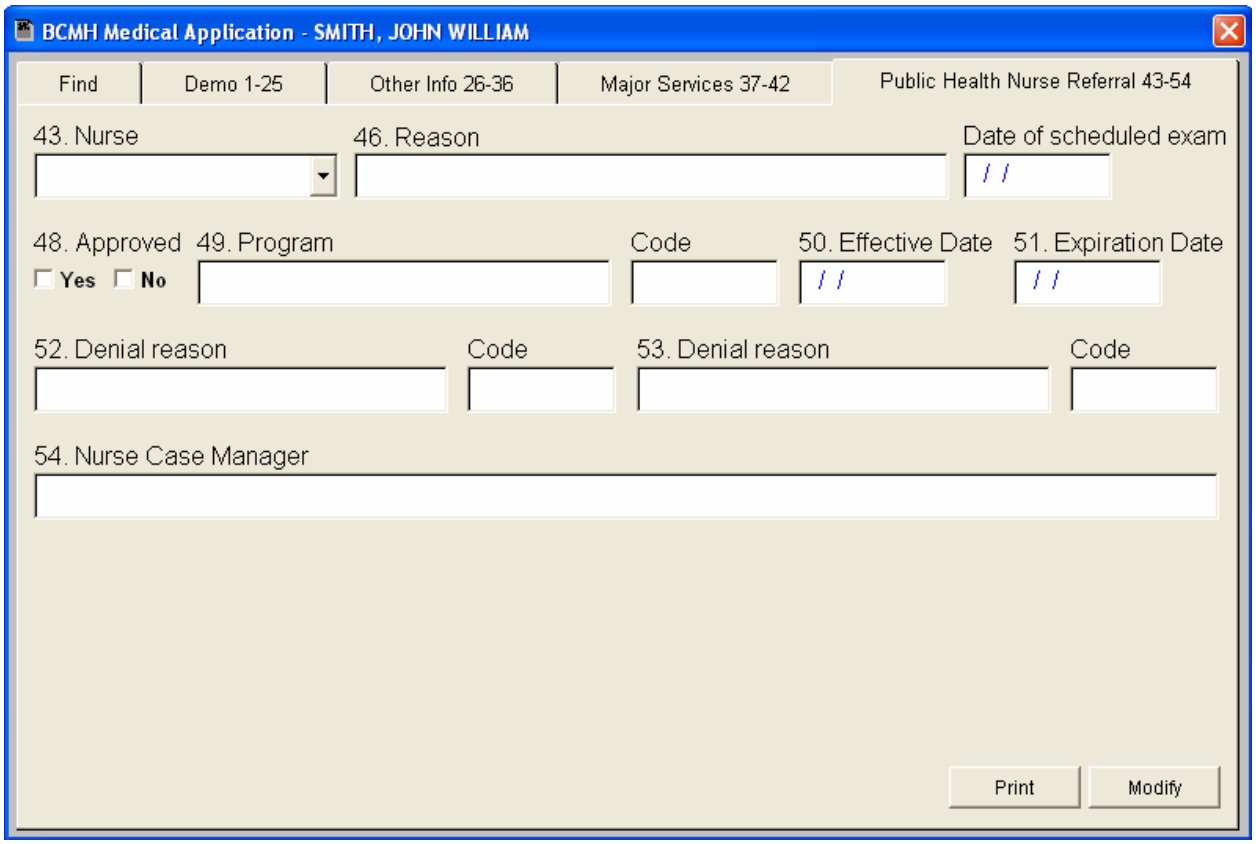
Category of Service 1 & 2 / 3 & 4



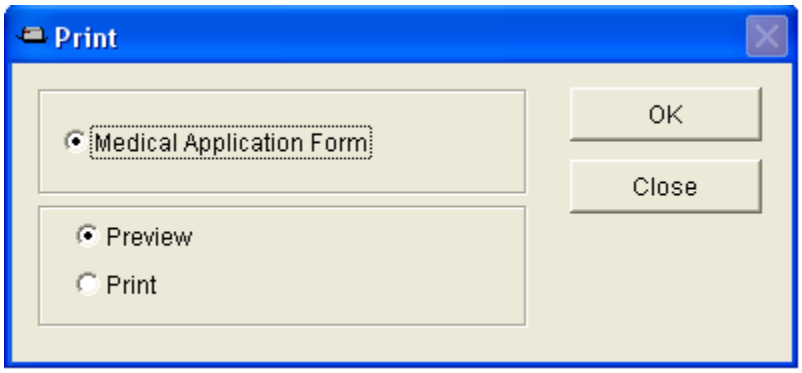
Major Service 38 - 42



Public Health Nurse Referral 43 - 54



Print



The "**Print**" button allows you to print the Medical Application that is sent to the Ohio Department of Health. Below is a portion of how the form will appear.

** Note: The form will print out on TWO pages.

PLEASE PRINT

Ohio Department of Health

Medical Application

Bureau for Children with Medical Handicaps, 246 North High Street, P.O. Box 1603, Columbus, Ohio 43216-1603

☐ Diagnostic ☒ Treatment ☐ Case Renewal ☐ Service Coordination ☐ PHN Referral ☐ Adult Hemophilia ☐ HMG

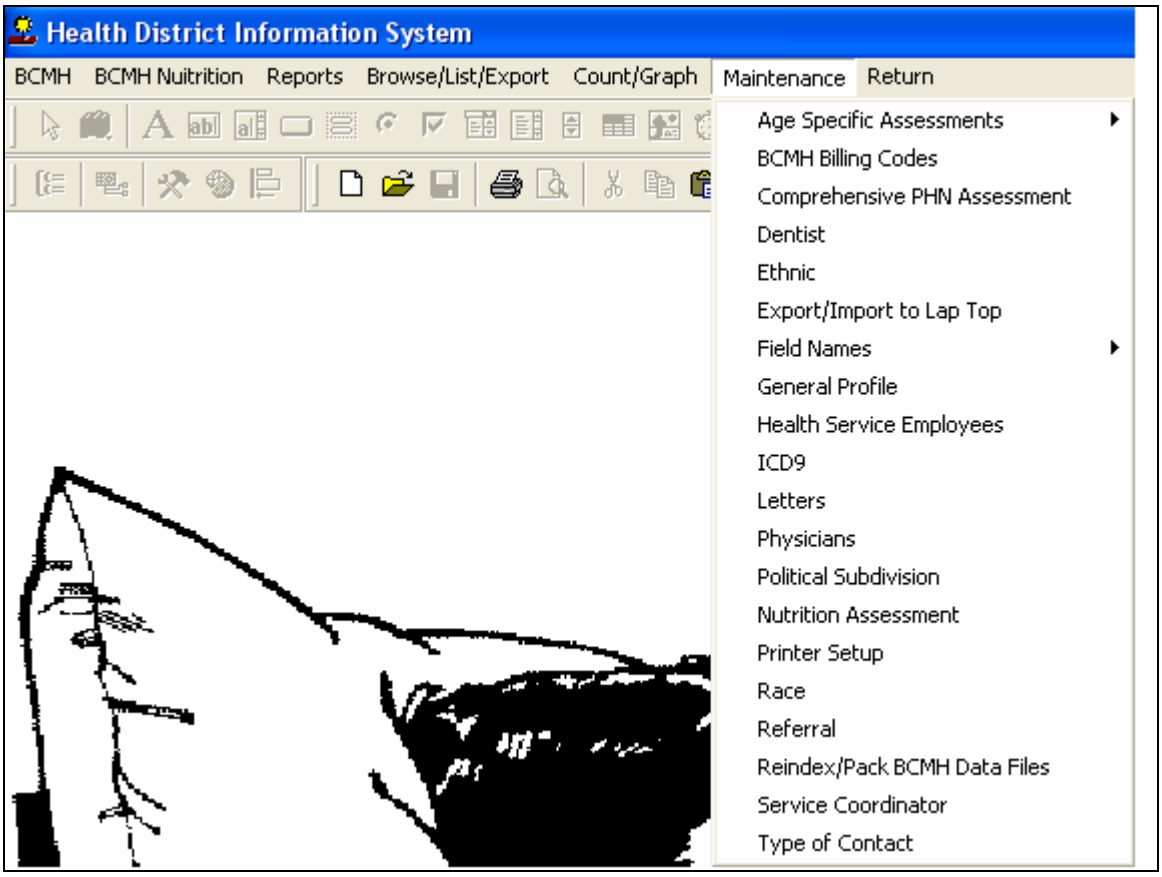
***1. Child's/Client.s name (last, first, mi)** SMITH , JOHN WILLIAM					**2. Case number (child's/client's)** 2005001		
***3. Address** ANYWHERE STREET					***4. County** CUYAHOGA		
City CLEVELAND			***State** OH		***ZIP** 44138	**Health Department Code**	
***5. Child's/Client's birthdate** 01/01/2005	***6. SSN (child's/client's)** 111-11-1111		***7. Sex** ☒ 1.Male ☐ 2.Female		***8. Ethnic Group** WHITE	***9. Ohio Resident** ☒ 1.Yes ☐ 2. No	
***10. Parent's/Legal guardian's/Client's name (last,first)** SMITH, JANE			***15. Parent's/Legal guardian's/Client's name (last, first)** SMITH, JOHN				
***11. Address** 12345 ANYWHERE STREET			***16. Address** 12345 ANYWHERE STREET				
*** City** CLEVELAND	*** State** OH	*** ZIP** 44138	*** City** CLEVELAND			*** State** OH	*** ZIP** 44138
***12. Social Security Number** 222-22-2222			***17. Social Security Number** 333-33-3333				
***13. Home phone** 1-555-222-0678	***14. Work phone** 1-555-448-9558		***18. Home phone** 1-555-222-0678		***19. Work phone** 1-555-665-6565		

Insurance Information

***20. Health insurance coverage**	**Policy number**	**Begin date**	**End date**	**Carrier number**
☒ 1. Yes ☐ 2. No	3333333333	08/15/2005	/ /	44444444444444

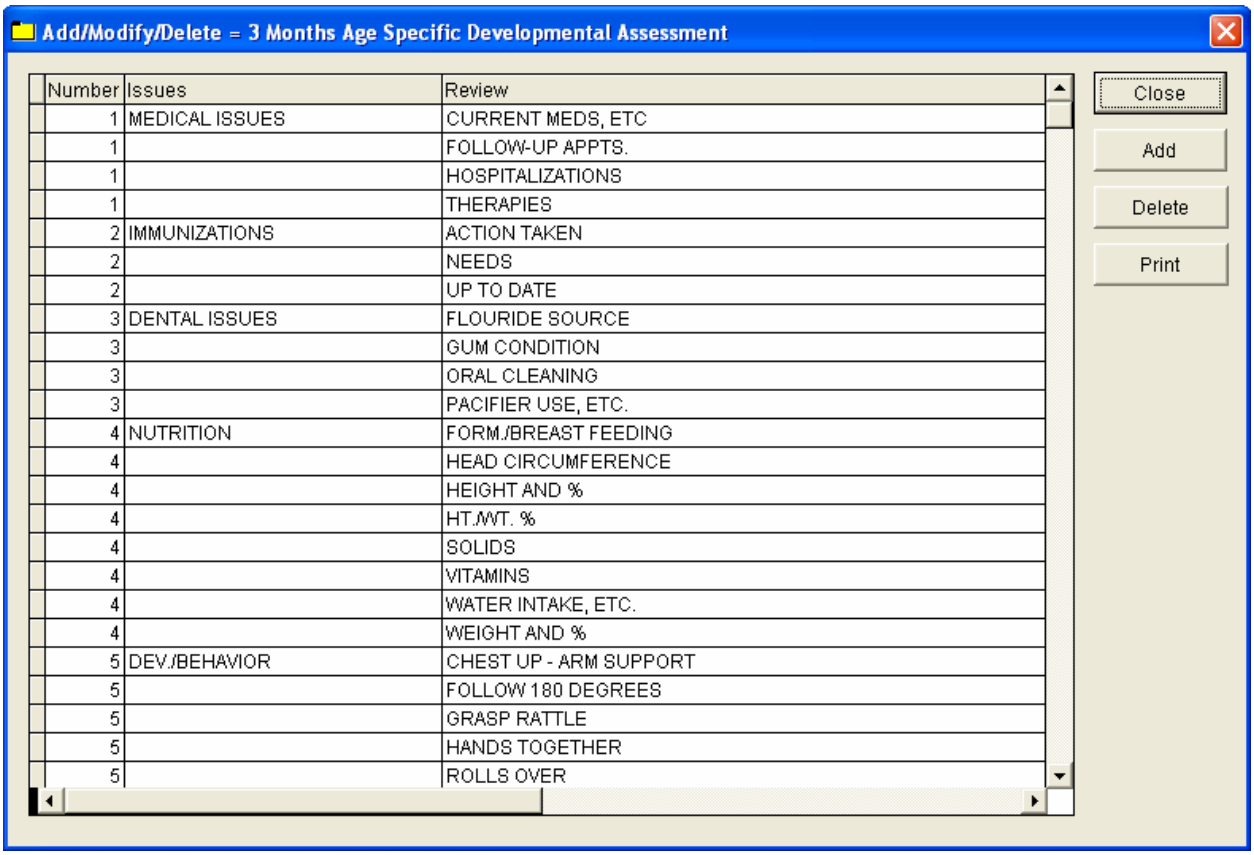
Maintenance - Add/Delete/Modify Tables

Maintenance



The maintenance menu contains a list of tables that you can modify for your program.

Age Specific Assessments

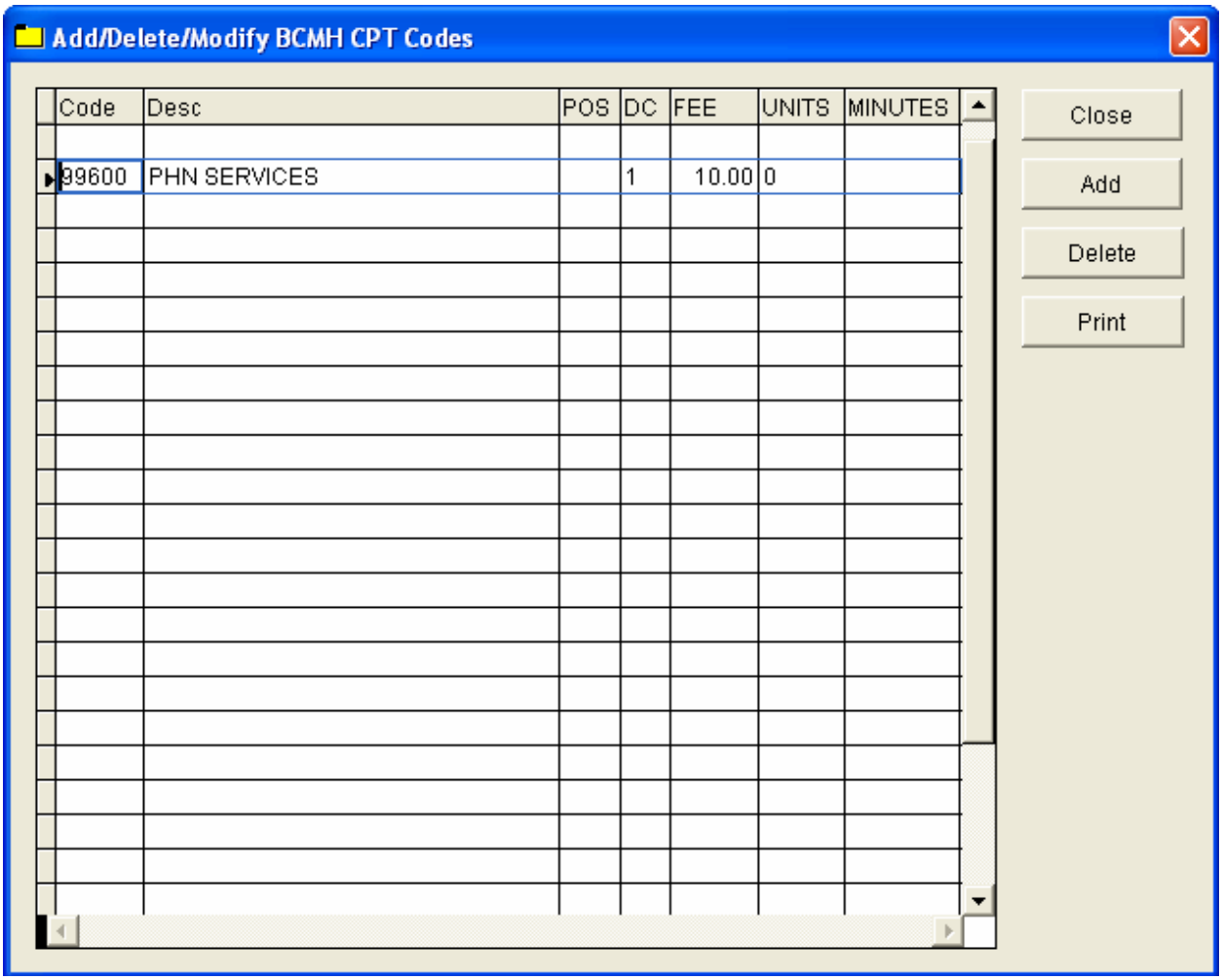


Number	Issues	Review
1	MEDICAL ISSUES	CURRENT MEDS, ETC
1		FOLLOW-UP APPTS.
1		HOSPITALIZATIONS
1		THERAPIES
2	IMMUNIZATIONS	ACTION TAKEN
2		NEEDS
2		UP TO DATE
3	DENTAL ISSUES	FLOURIDE SOURCE
3		GUM CONDITION
3		ORAL CLEANING
3		PACIFIER USE, ETC.
4	NUTRITION	FORM./BREAST FEEDING
4		HEAD CIRCUMFERENCE
4		HEIGHT AND %
4		HT./WT. %
4		SOLIDS
4		VITAMINS
4		WATER INTAKE, ETC.
4		WEIGHT AND %
5	DEV./BEHAVIOR	CHEST UP - ARM SUPPORT
5		FOLLOW 180 DEGREES
5		GRASP RATTLE
5		HANDS TOGETHER
5		ROLLS OVER

You have been provided assessments that you may use or you may create your own. We have found that the easiest method of using the assessment section is to print the assessment table and compare it to what data you already collect.

Field/Button	Description
Number	Groups review items under an issues listing
Issues	Select the main issues/headers for the assessment
Review	Main items to be assessed
Close	Closes the table
Add Button	Adds assessment to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

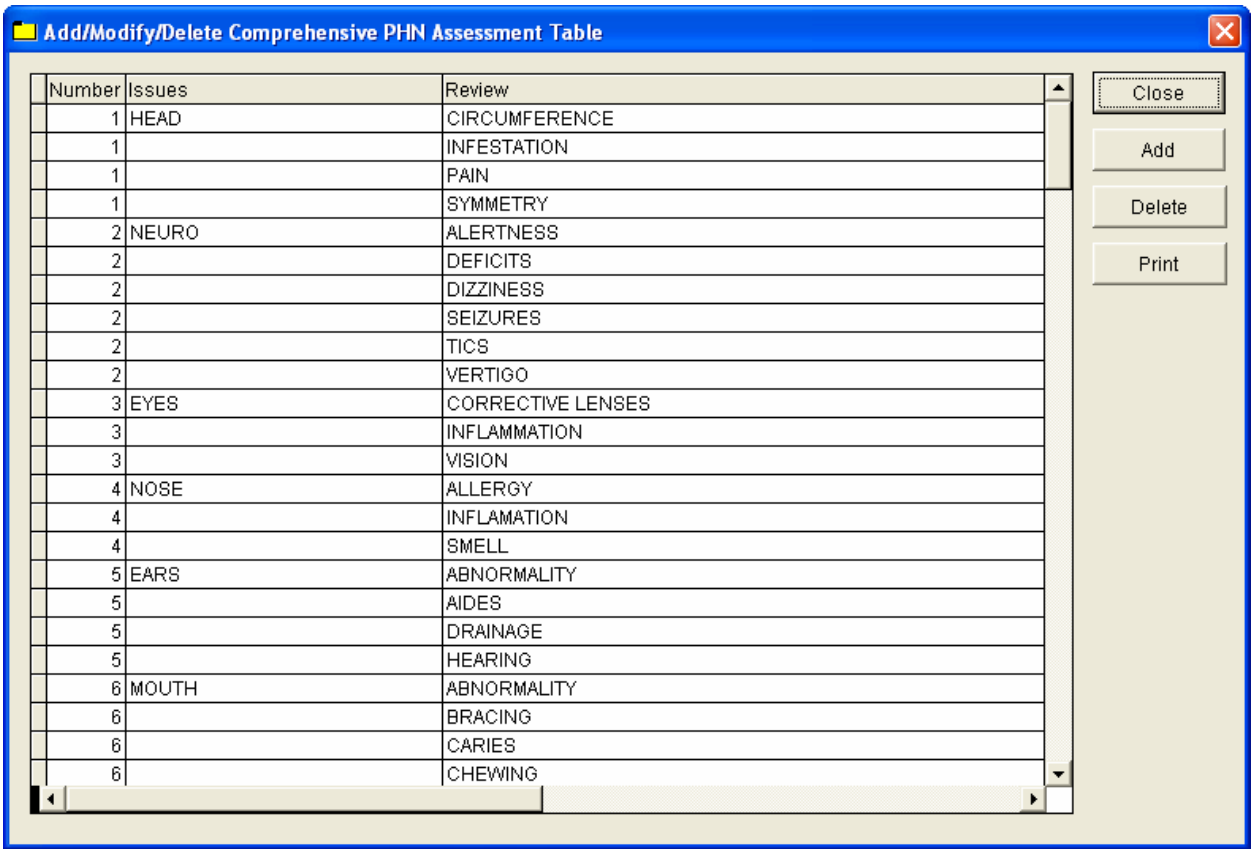
BCMH Billing Codes



Above is the table for the CPT codes for billing. You do not have to worry about this table. If there are updates, CHC Software will send them to you.

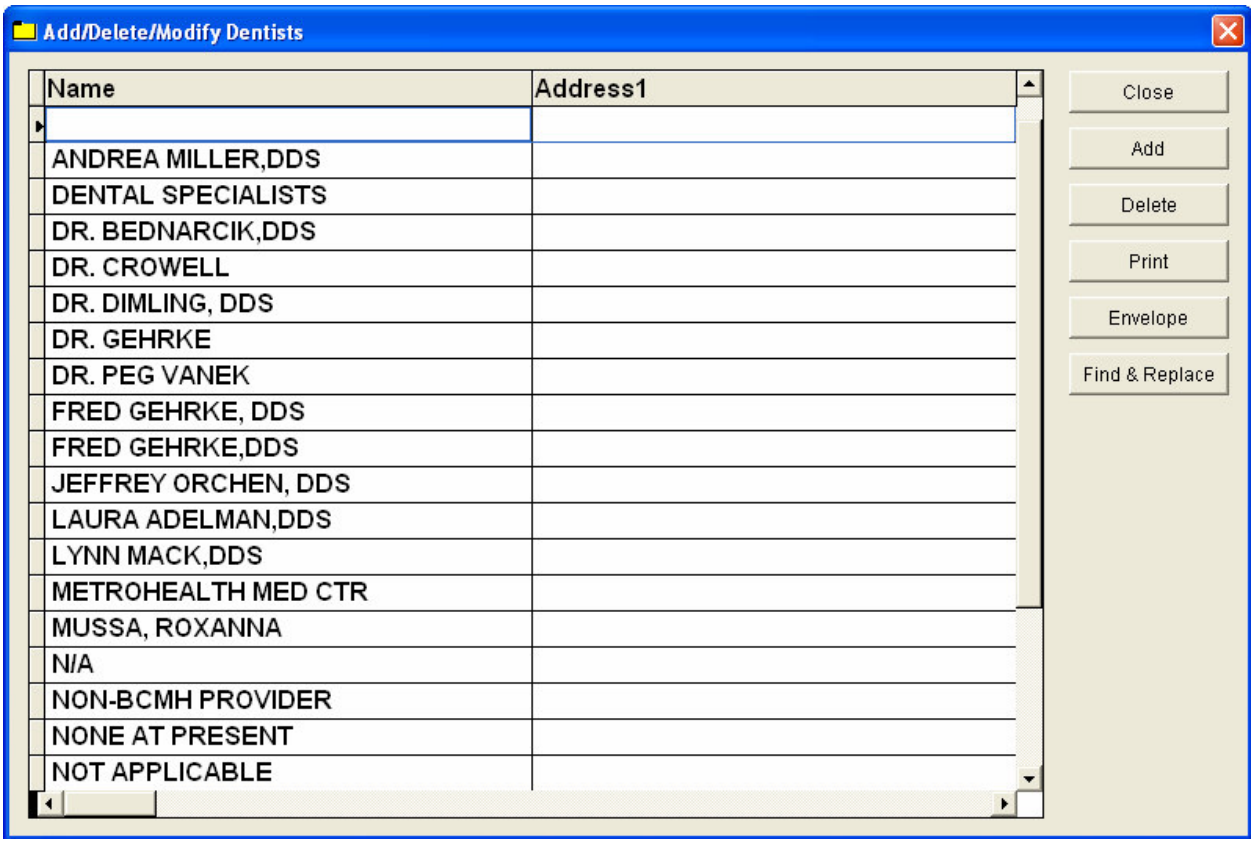
Field/Button	Description
Code	Billing code
Description	Description of billing code
POS	Place of Service
DC	Diagnostic Code column on HCFA 1500
Fee	Fee amount
Units	Number of units billed
Minutes	Number of minutes
Close Button	Closes the table
Add Button	Add a code to the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Comprehensive PHN Assessment Table



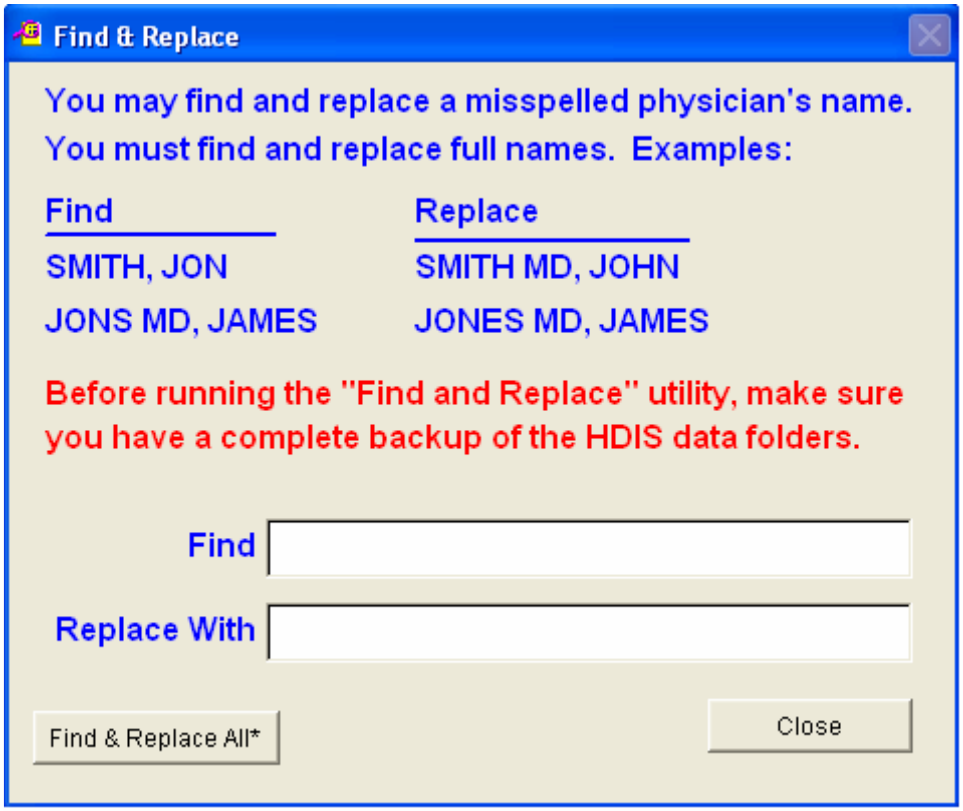
Field/Button	Description
Number	Groups review items under an issues listing
Issues	Select the main issues/headers for the assessment
Review	Main items to be assessed
Close Button	Closes the table
Add Button	Allows you to add to the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Dentists



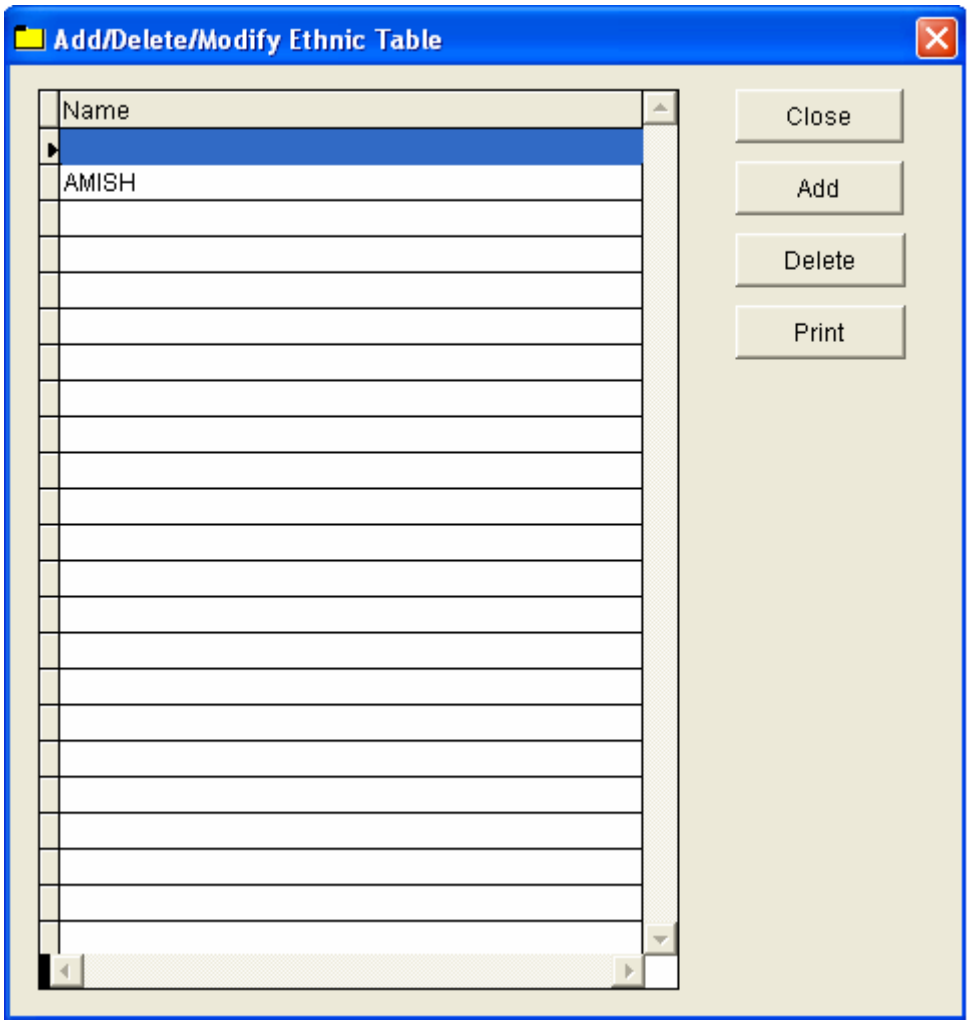
Field/Button	Description
Name	Enter the name of the dentist
Address1	Enter the address of the dentist
Address2	Enter the address of the dentist
City	Enter the city of the dentist
State	Enter the state of the dentist
Zip	Enter the zip of the dentist
Provider #	Enter the provider # of the dentist
Phone	Enter the phone number of the dentist
Fax	Enter the fax number of the dentist
Group Name	Enter the group name of the dentist
Type of Practice	Enter the type of practice
SSN or T.I.N.	
License #	Enter the license number of the dentist
Close Button	Close the table
Add Button	Adds a dentist to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Envelope	Prints envelope to dentist
Find & Replace	Click to find and replace dentist names


Find & Replace
You may find and replace a misspelled physician's name.
You must find and replace full names. Examples:
Find
Replace
SMITH, JON
SMITH MD, JOHN
JONS MD, JAMES
JONES MD, JAMES
Before running the "Find and Replace" utility, make sure you have a complete backup of the HDIS data folders.
Find
Replace With
Find & Replace All*
Close

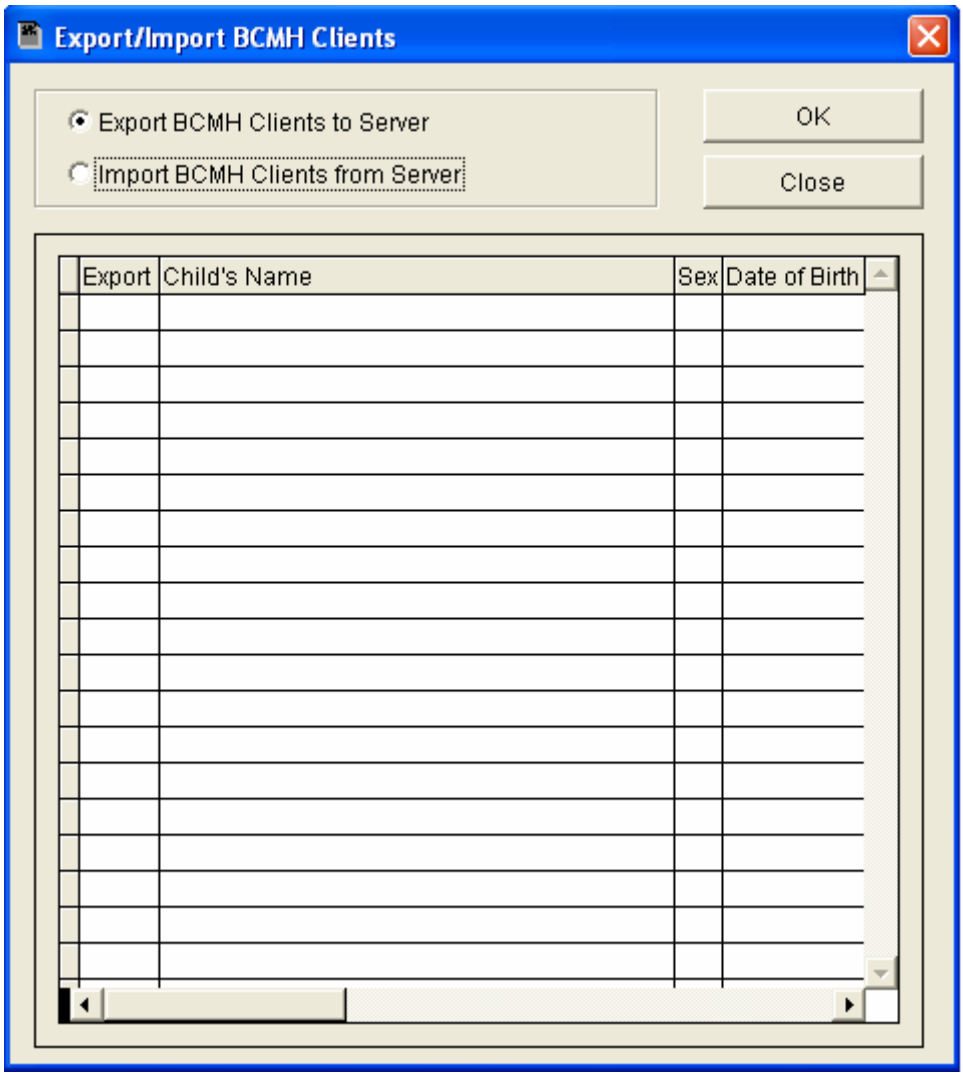
Field/Button	**Description**
Find	Type in the name you wish to find.
Replace	Type in the new name you wish to replace the first name with.
Find & Replace All*	Right click to find and replace the names
Close	Closes the Find & Replace window

Ethnic



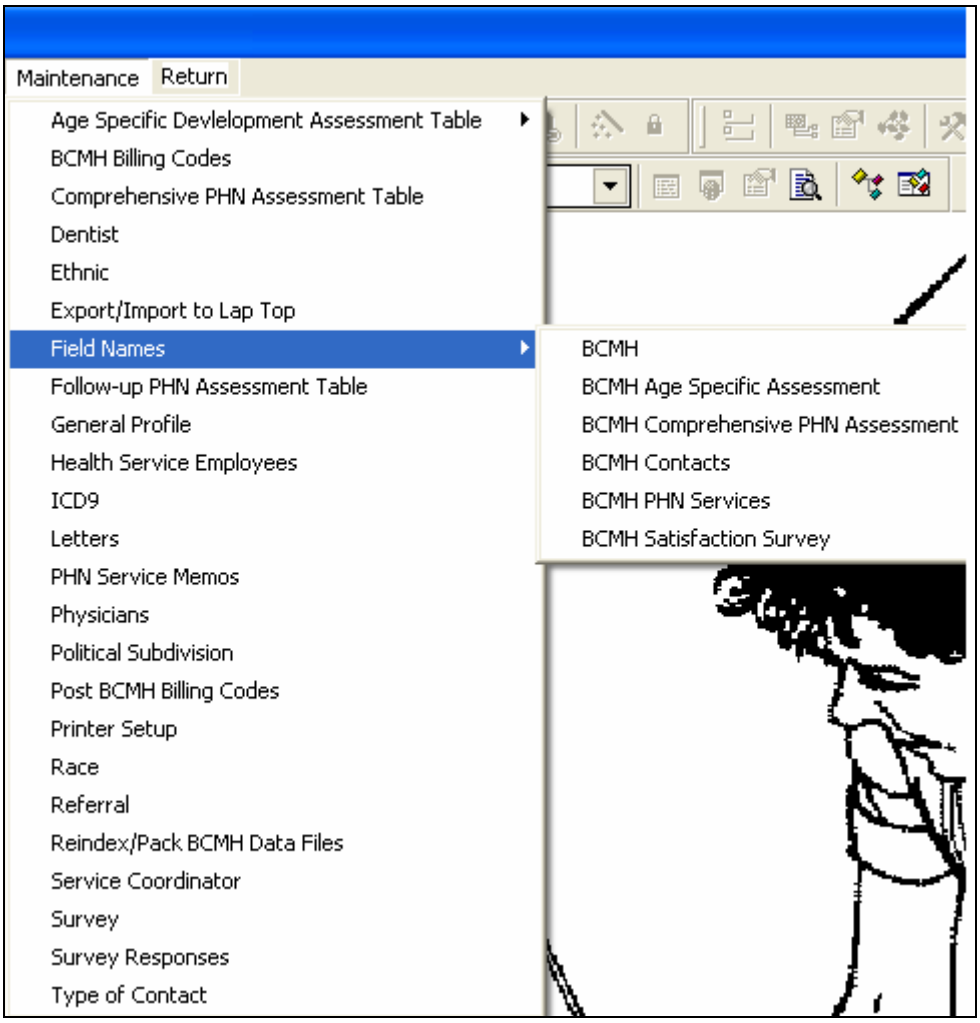
Field/Button	Description
Close Button	Closes the table
Add Button	Adds an ethnicity to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Export/Import to Lap Top



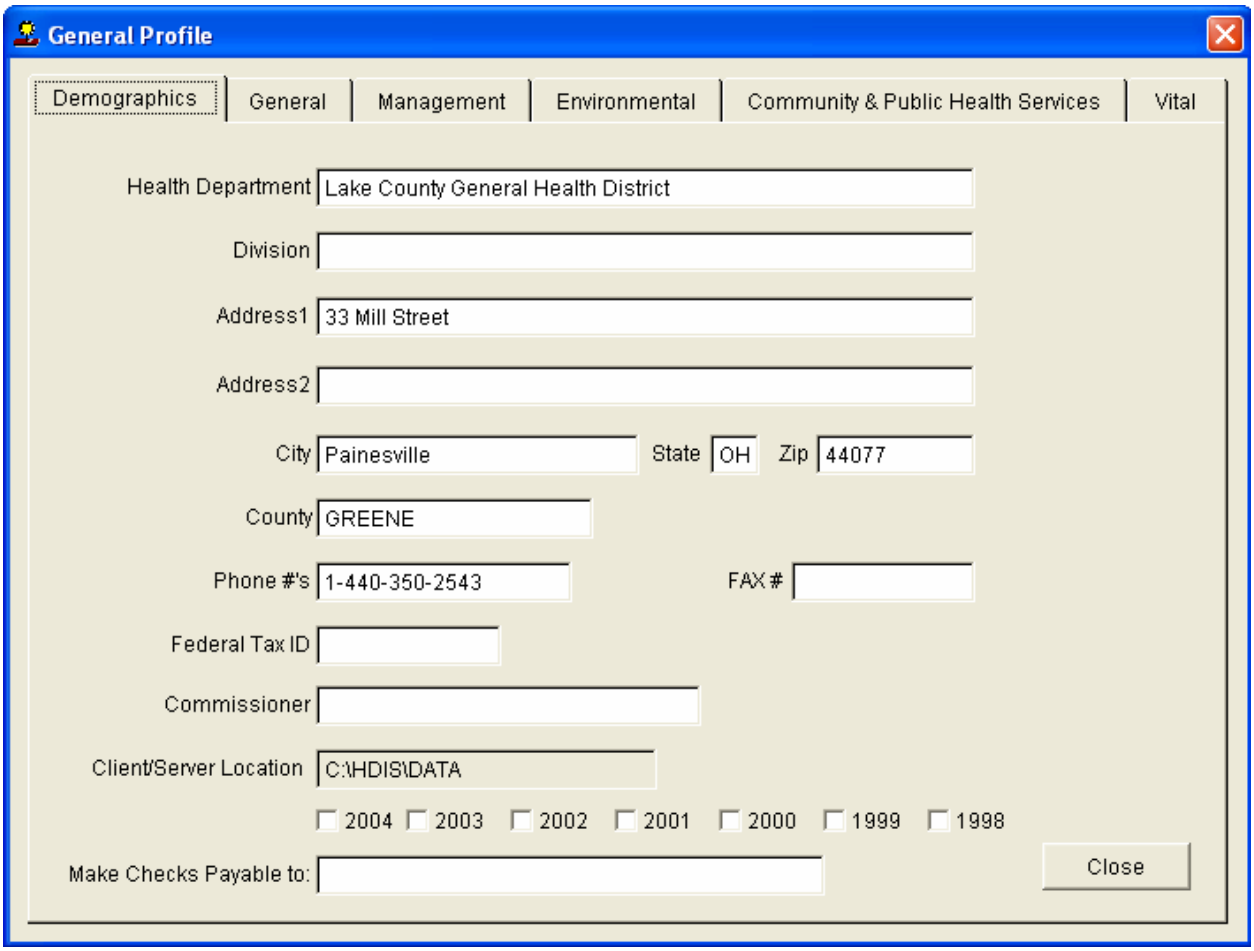
The **Export/Import** function allows you to take your BCMH data out of the office on your laptop. If you use a laptop for your visits or are interested in this function, please contact CHC Software for directions. (**helpdesk@hdis.org**).

Field Names



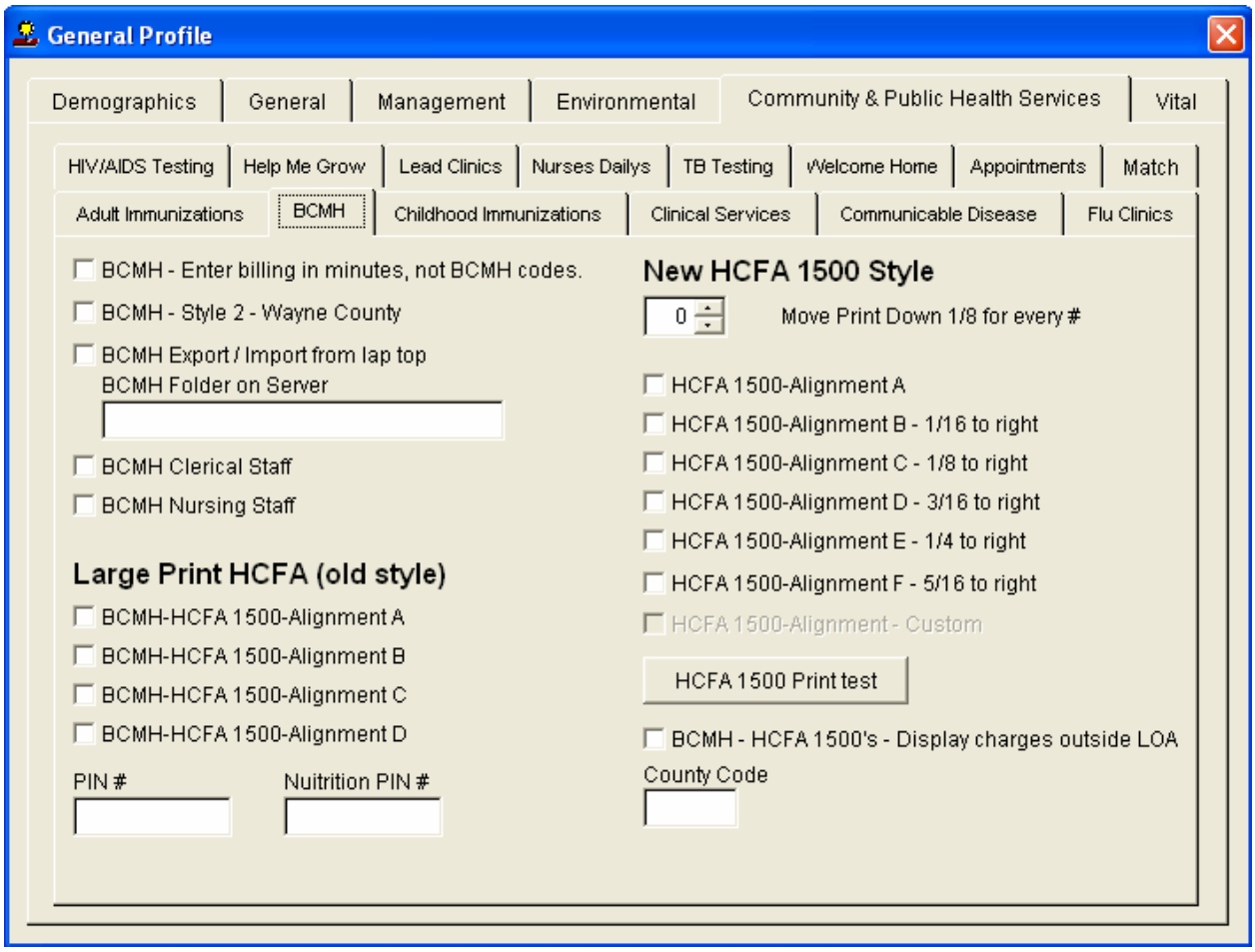
The **field names** listing can be very useful in determining what fields you wish to utilize to capture data for letters and when creating reports for that data. The program will display a list of names that you can print.

General Profile



The **General Profile** allows you to fill out the basic information for your health department. The BCMH information can be found under the "**Community & Public Health Services**" tab. It is shown on the next page.

BCMH



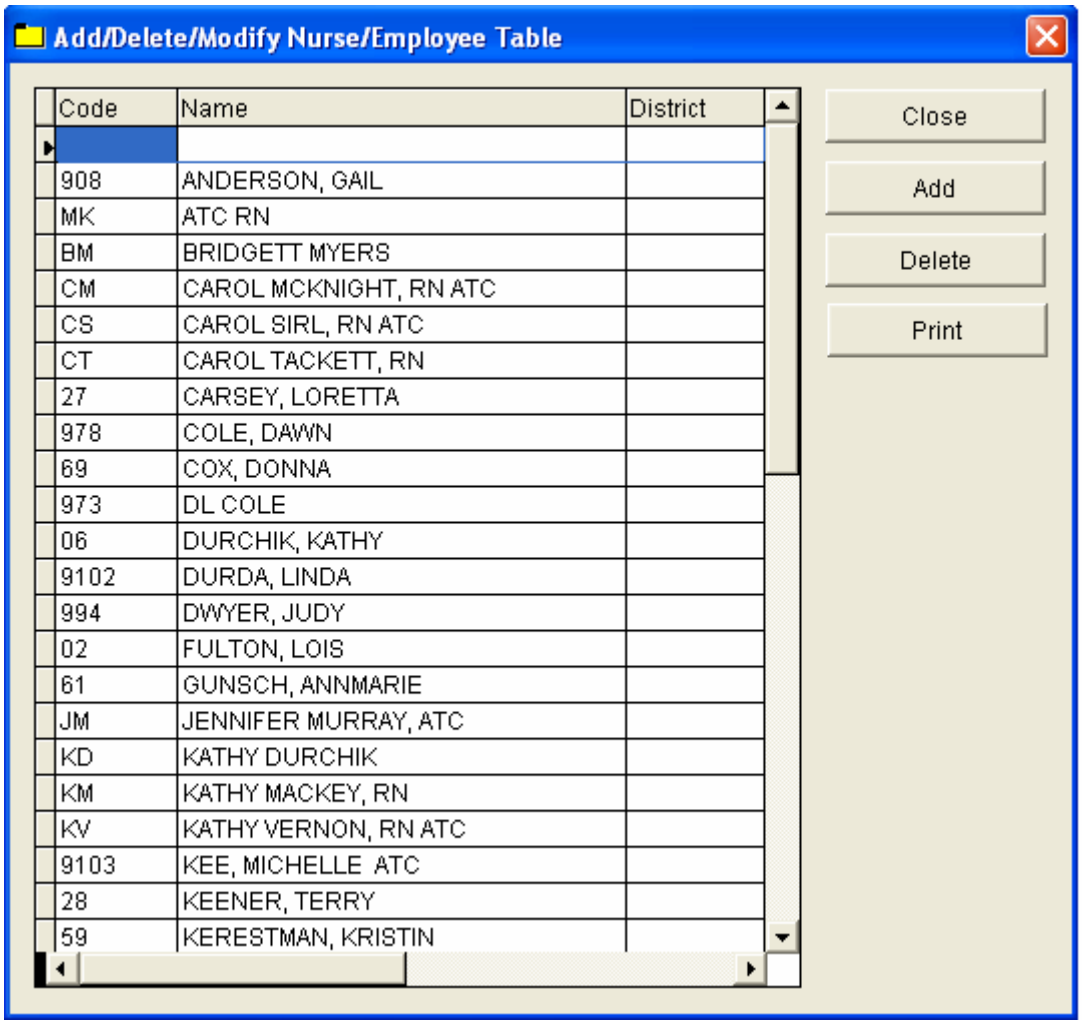
The **BCMH** tab allows you to fill in some information for billing along with providing different alignments when printing the HCFA 1500's.

** Be sure you have a PIN # entered in the lower left hand corner of the screen. This will print the PIN # on the bottom of the HCFA for you.

Field/Button/Check Boxes	Description
BCMH – Enter billing in minutes, not BCMH codes	WAYNE COUNTY ONLY
BCMH – Style 2 – Wayne County	WAYNE COUNTY ONLY
BCMH Export/Import from lap top	Check if your are using a laptop that you take out of the office
BCMH Folder on Server	Enter the data folder located on the server
BCMH Clerical Staff	WAYNE COUNTY ONLY
BCMH Nursing Staff	WAYNE COUNTY ONLY

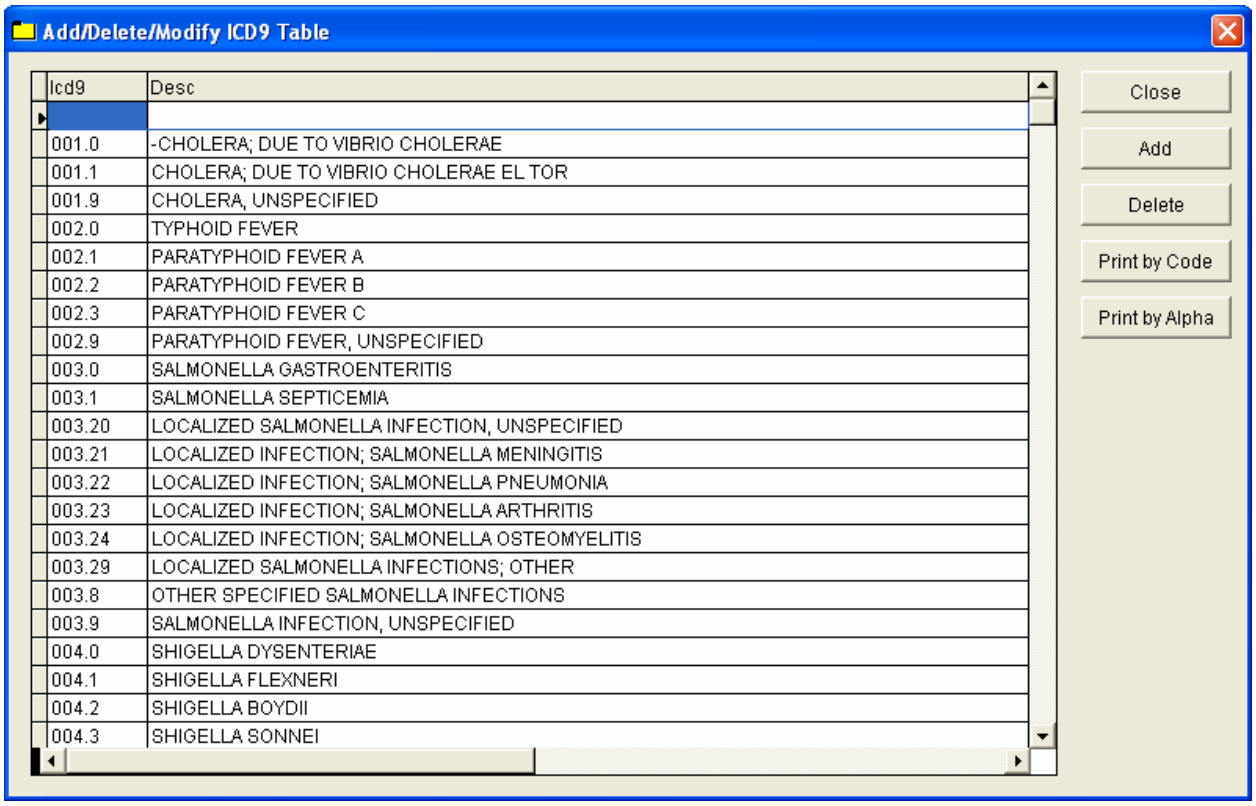
BCMH – HCFA 1500 – Alignment A	Check to use alignment “A”
BCMH – HCFA 1500 – Alignment B	Check to use alignment “B”
BCMH – HCFA 1500 – Alignment C	Check to use alignment “C”
BCMH – HCFA 1500 – Alignment D	Check to use alignment “D”
PIN #	Enter your health department’s PIN number
Nutritional PIN #	Enter your health department’s Nutritional PIN number
Move Print Down 1/8th for Every #	Go up or down to move print on HCFA 1/8th of an inch
HCFA 1500 – Alignment A	Check to use alignment “A”
HCFA 1500 – Alignment B – 1/16th to right	Check to use alignment “B”
HCFA 1500 – Alignment C – 1/8th to right	Check to use alignment “C”
HCFA 1500 – Alignment D – 3/16th to right	Check to use alignment “D”
HCFA 1500 – Alignment E – 1/4th to right	Check to use alignment “E”
HCFA 1500 – Alignment F – 5/16th to right	Check to use alignment “F”
HCFA 1500 Print Test	Click button to print out a test HCFA 1500 to check alignment
BCMH – HCFA 1500’s – Display charges outside LOA	Check to bill for all contacts regardless of the LOA dates
County Code	Enter your health department’s county code

Health Service Employees



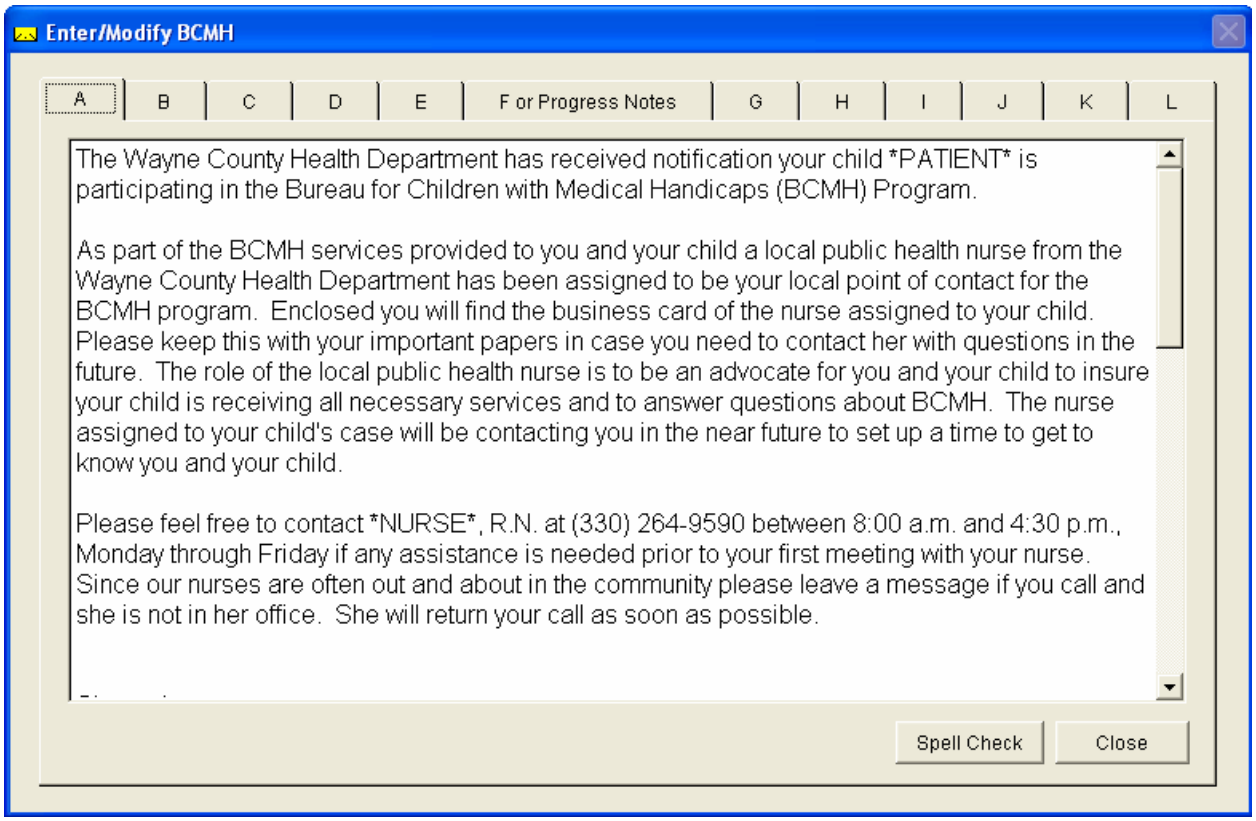
Field/Button	Description
Code	Enter a code for the employee
Name	Enter the name of the employee
District	Enter the district of the employee
Close Button	Closes the table
Adds Button	Adds a employee to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

ICD9 Codes



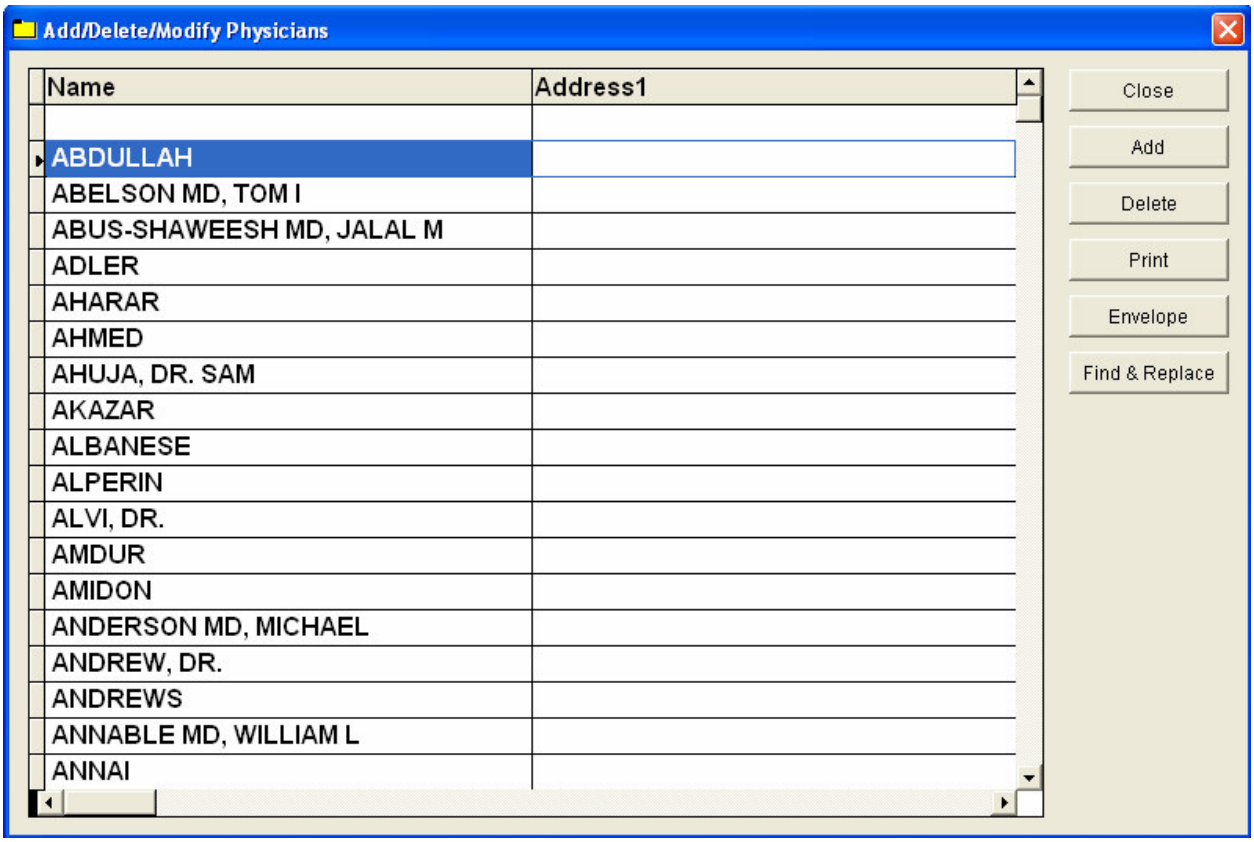
Field/Button	Description
Add Button	Adds a code to the table
ICD9	Adds an ICD9 number to the table
Description	Description related to the code
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print by Code Button	Prints the list in numeric order
Print by Alpha Button	Prints the list in alphabetical order

Letters


Enter/Modify BCMH
A
B
C
D
E
F or Progress Notes
G
H
I
J
K
L
The Wayne County Health Department has received notification your child *PATIENT* is participating in the Bureau for Children with Medical Handicaps (BCMH) Program.
As part of the BCMH services provided to you and your child a local public health nurse from the Wayne County Health Department has been assigned to be your local point of contact for the BCMH program. Enclosed you will find the business card of the nurse assigned to your child. Please keep this with your important papers in case you need to contact her with questions in the future. The role of the local public health nurse is to be an advocate for you and your child to insure your child is receiving all necessary services and to answer questions about BCMH. The nurse assigned to your child's case will be contacting you in the near future to set up a time to get to know you and your child.
Please feel free to contact *NURSE*, R.N. at (330) 264-9590 between 8:00 a.m. and 4:30 p.m., Monday through Friday if any assistance is needed prior to your first meeting with your nurse. Since our nurses are often out and about in the community please leave a message if you call and she is not in her office. She will return your call as soon as possible.
Spell Check
Close

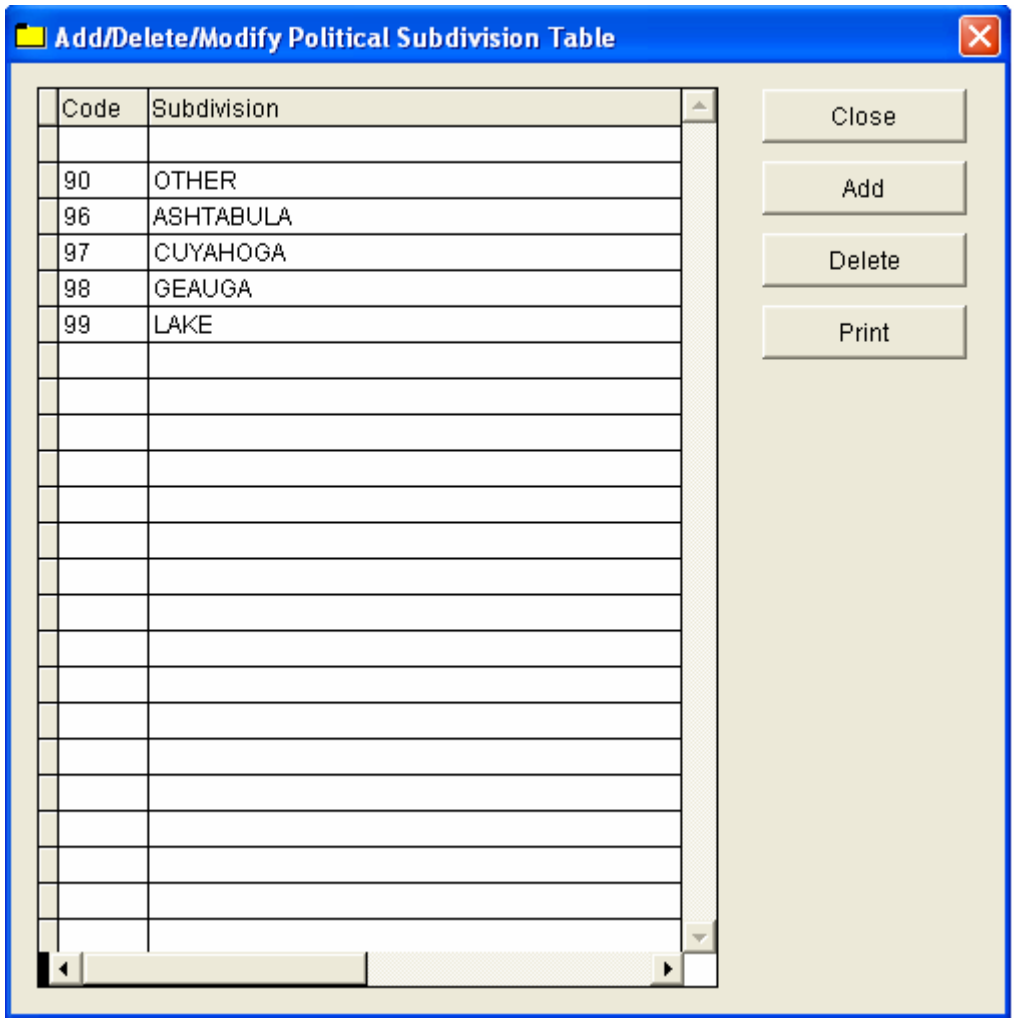
The HDIS system provides you the flexibility to write standard letters that can be sent to clients. These letters will pull data through use of the *. The * is placed on each end of the field name that you want to pull into the letter. Use **capital letters** to describe the field name. The letters are automatically addressed to the caregiver of the client.

Physicians



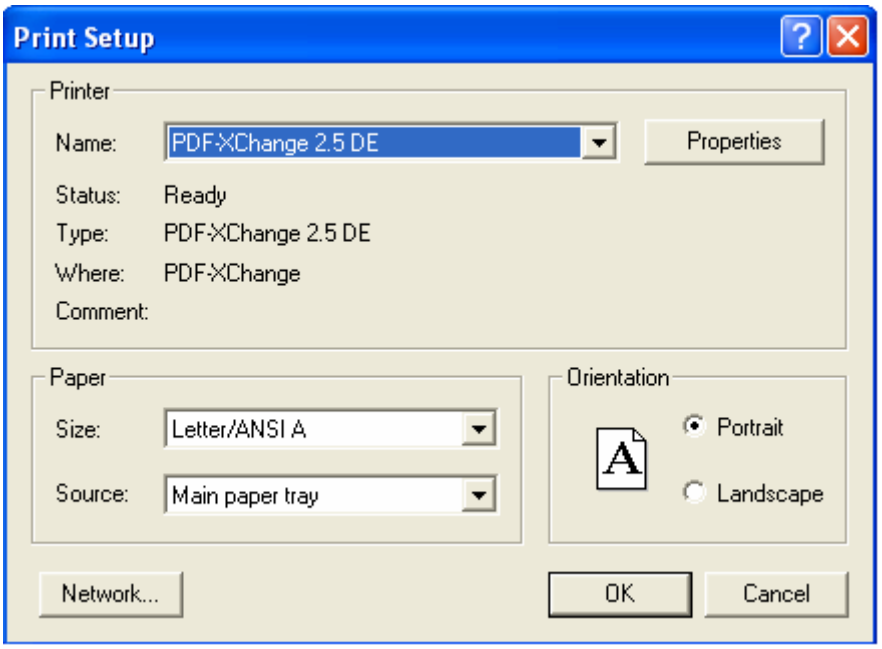
Field/Button	Description
Name	Enter the name of the physician
Address1	Enter the address of the physician
Address2	Enter the address of the physician
City	Enter the city of the physician
State	Enter the state of the physician
Zip	Enter the zip of the physician
Provider #	Enter the provider # of the physician
Phone	Enter the phone number of the physician
Fax	Enter the fax number of the physician
Group Name	Enter the group name of the physician
Type of Practice	Enter the type of practice
Close Button	Closes the table
Add Button	Adds a physician to the table.
Close Button	Closes the table
Delete Button	Deletes a highlighted entry
Print Button	Prints the list
Envelope	Closes the table
Find & Replace	Click to find and replace physician names

Political Subdivisions



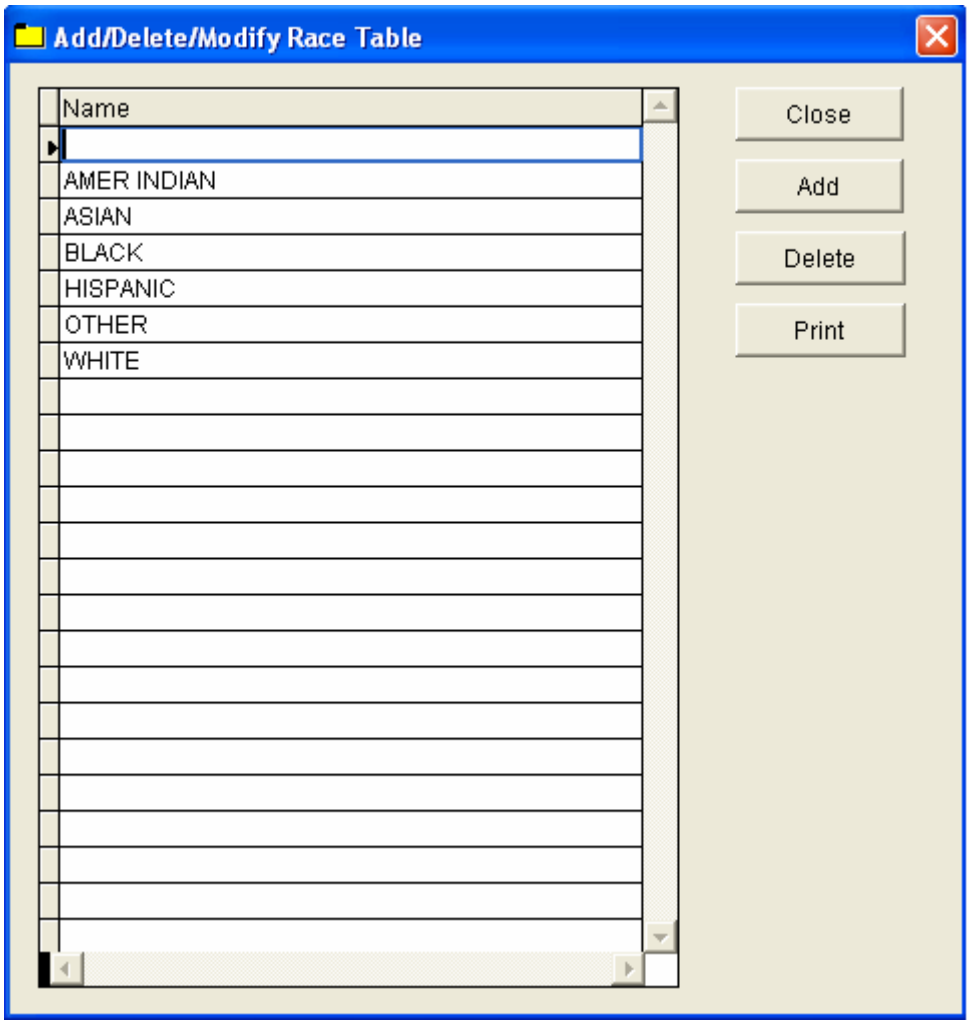
Field/Button	Description
Code	Enter the code of the subdivision
Subdivision	Enter the subdivision
Close Button	Closes the table
Add Button	Adds a code to the table
Delete Button	Deletes a highlighted entry
Print	Prints the list

Printer Setup



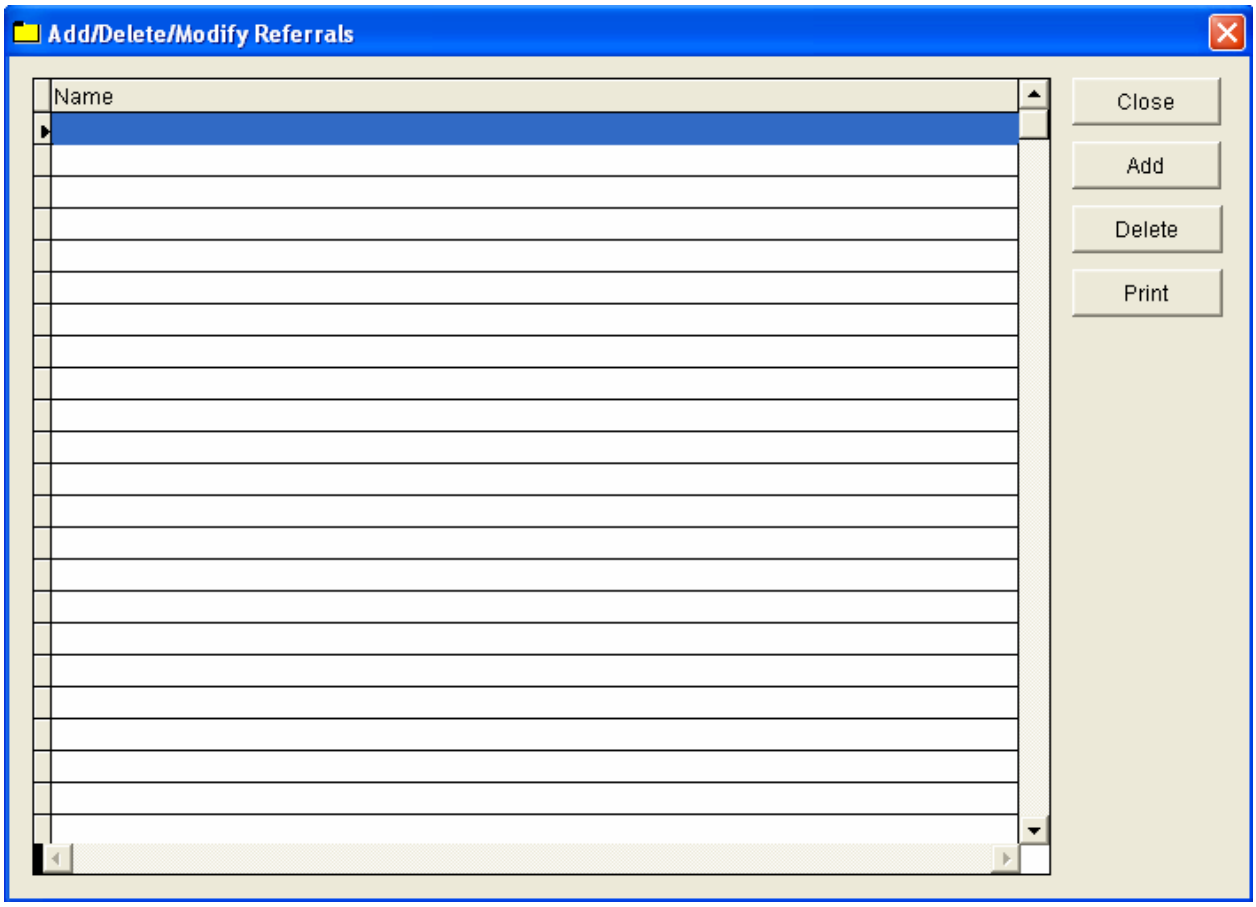
The print setup allows you to choose what printer you would like to print from. Pick the printer in the name dropdown and click "**OK**".

Race



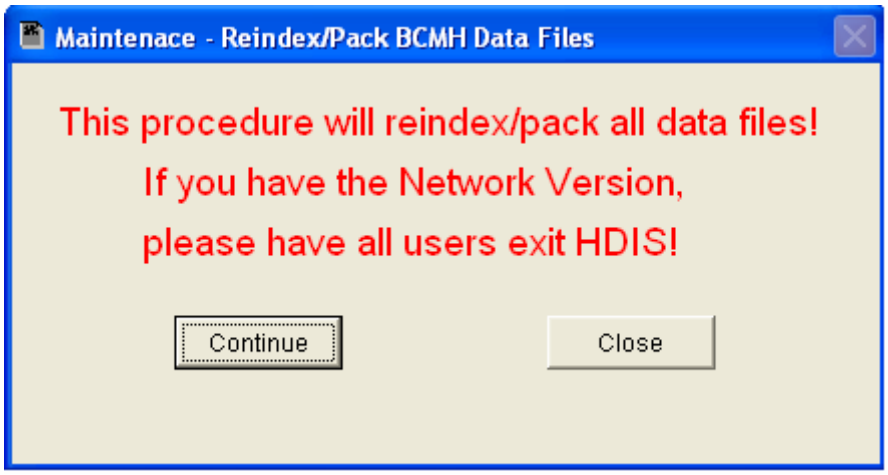
Field/Button	Description
Name	Enter the name of the race classification
Close Button	Closes the table
Add Button	Adds a race classification to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Referral



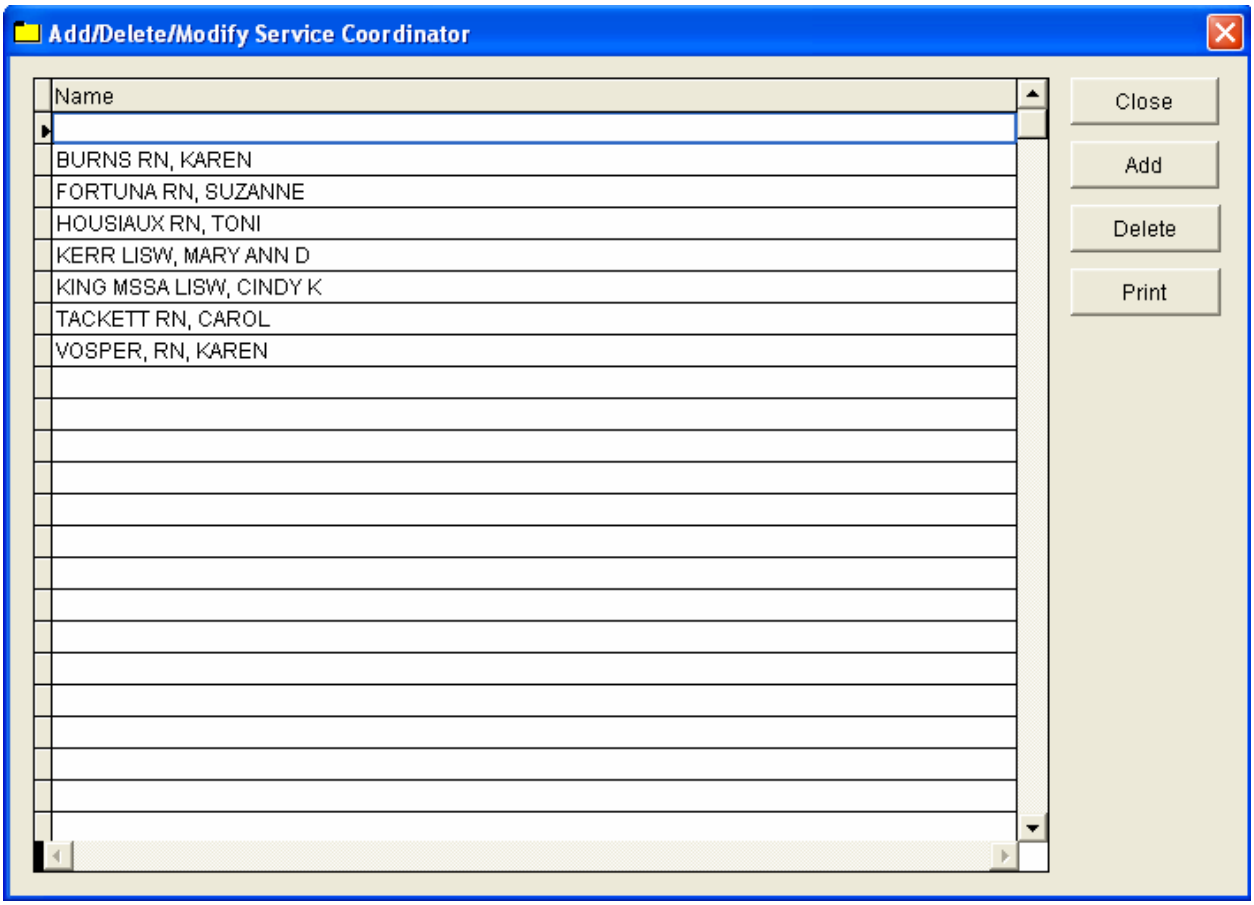
Field/Button	Description
Name	Enter the name of the referral
Close Button	Closes the table
Add Button	Adds a race classification to the table.
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Reindex/Pack BCMH Data Files


Maintenace - Reindex/Pack BCMH Data Files
This procedure will reindex/pack all data files!
If you have the Network Version,
please have all users exit HDIS!
Continue
Close

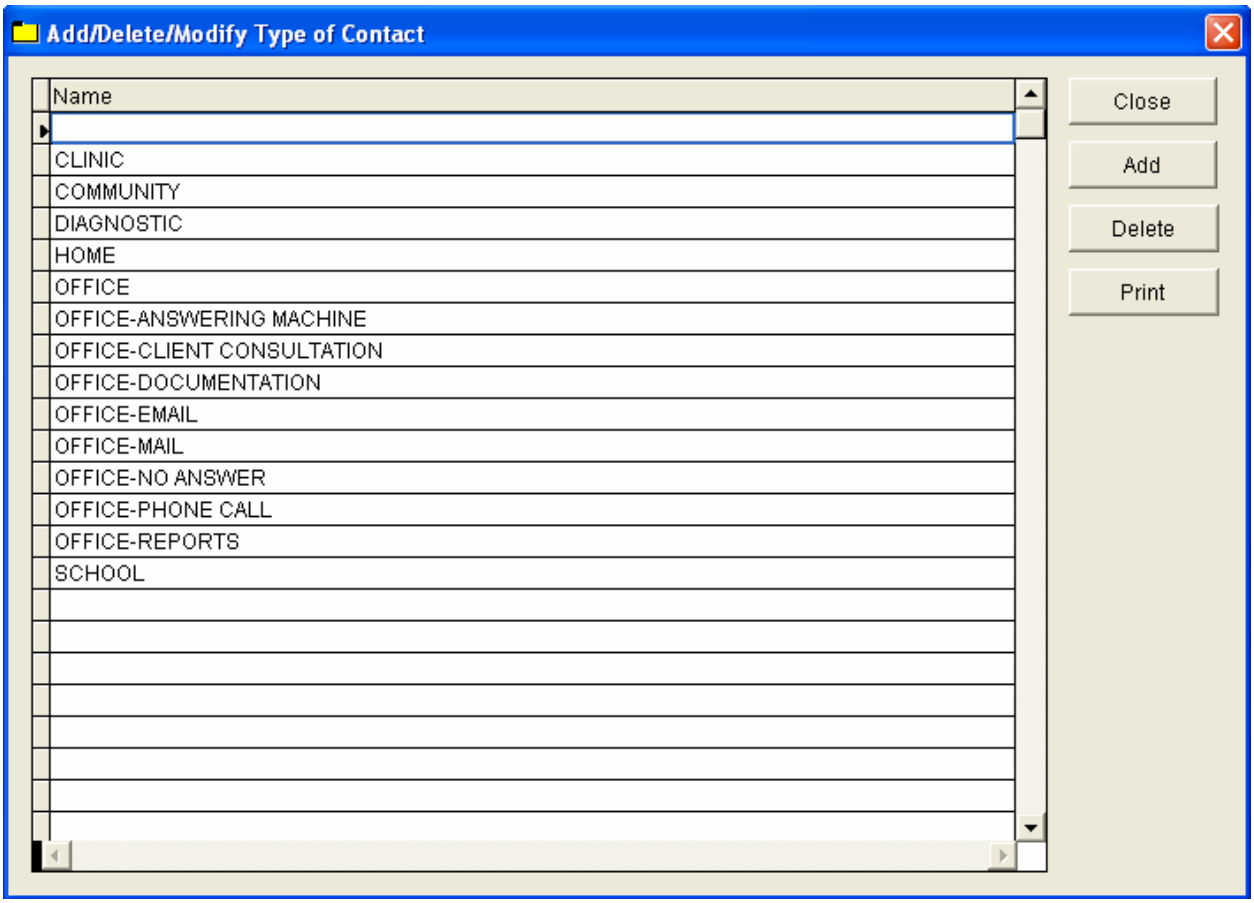
This function is only needed should your data be corrupt due to a power failure. Please contact CHC Software if you have any questions or concerns.

Service Coordinator



Field/Button	Description
Name	Enter the name
Close Button	Closes the table
Add Button	Adds a name to the service coordinator list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

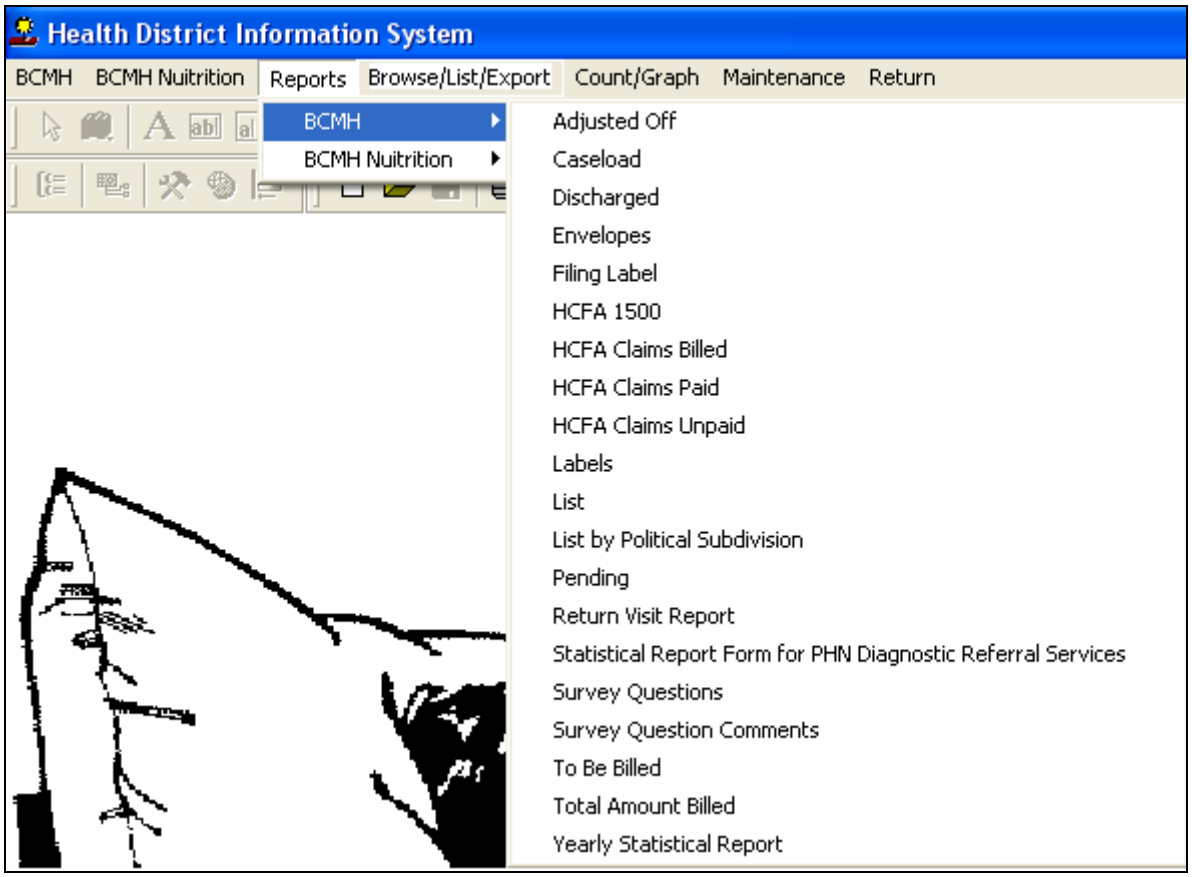
Type of Contact



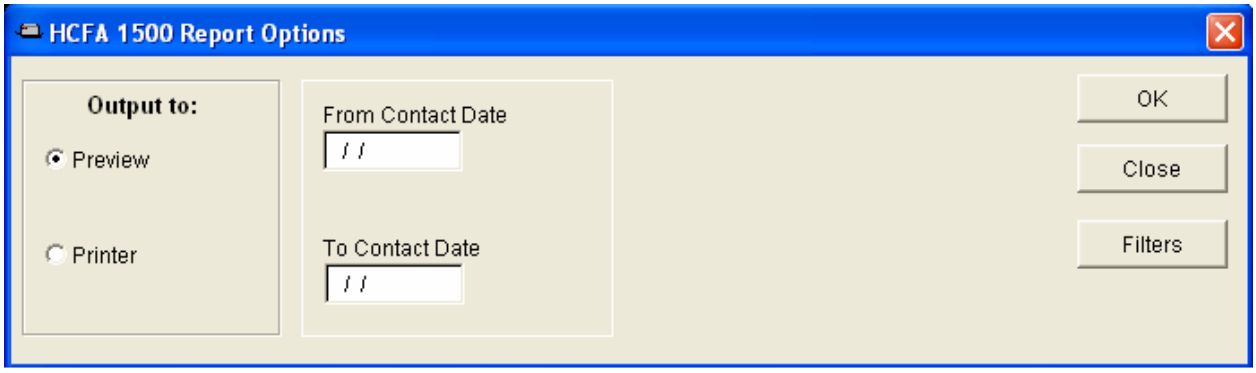
Field/Button	Description
Name	Enter the type of contact
Close Button	Closes the table
Add Button	Adds a contact to the list
Delete Button	Deletes a highlighted entry
Print Button	Prints the list

Reports

Reports



The reports menu contains a list of the many reports that you are able to obtain from the program.



For each report, an option box will appear similar to the one shown above. It allows you to enter dates for your reports as well as use of filters.

Field/Button	**Description**
From Return Date	First date for visits due date
To Return Date	Last date for visits due date
OK Button	Runs report
Close Button	Closes report
Filters	See below
Preview, Printer	Preview – displays data on screen Print – prints to printer ****You may print after previewing data on the screen**.

Reports

Reports	Description
Adjusted Off	Prints out the amount adjusted of your payments, fill in a from and to date for your report
Caseload	Prints out a caseload of clients. You may sort by LOA date, employee, or type of service plan
Discharged	Prints a list of clients that have been discharged from BCMH. For this report to work, you must fill in the "Discharge Date" field in the BCMH program.
Envelopes	Prints envelopes, use filters to specify the mailing address.
Filing Label	Prints filing labels, use filters to specify the mailing address.
HCFA 1500	Prints out HCFA 1500 in batch
HCFA Claims Billed	Prints a list of billed claims, fill in the "From Date Billed" and a "To Date Billed" to get the report.
HCFA Claims Paid	Prints a list of paid claims, fill in the "From Date Paid" and a "To Date Paid" to get the report.
HCFA Claims Unpaid	Prints a list of unpaid claims, fill in the "From Contact Date" and a "To Contact Date" to get the report.
Labels	Prints labels, use filters to modify your labels
List	Prints a list of clients, use filters to modify your report
List by Political Subdivision	Prints a list of clients by political subdivision, use filters to modify your report
Pending	Prints a list of pending clients, you must fill in the "Pending" field for this report to pick up the "pending clients"
Return Visit Report	Provides the nurse or coordinator with date of next visit. The date for the next visit can be entered on the "Contacts" page of the program
Statistical Report Form for PHN Diagnostic Referral Services	Prints out the report when you enter a "From Contact Date" and a "To Contact Date"
To Be Billed	Prints a list of contacts that are to be billed for, fill in a "From Contact Date" and a "To Contact Date" and choose a Nurse from the dropdown
Total Amount Billed	Prints the total amount billed when you fill in the "To LOA Date"
Yearly Statistical Report	Prints out your Yearly Statistical Report when you enter a "From" and "To" date

CHC **Software, Inc.**
Health District Information Systems
helpdesk@hdis.org

CHC **Software, Inc.**
Health District Information Systems
helpdesk@hdis.org